CHEMIST & DRUGGIST

The newsweekly for pharmacy

January 21, 1995

OVER THE COUNTER INSIDE

Society to set up pharmacy stress line?

Budget revamp may spoil GP liaison schemes

Pharmacy Plus comes to Bristol

Update: new hope for cystic fibrosis sufferers

The powers of the VATman ...

Getting the price right in the marketing mix

More pharmacies escape financial danger zone

No Wellcome in US for Zovirax

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Comment

If OTC medicine manufacturers needed any reminder that the POM to P market is no gravy train, then last week's announcement that Zovirax failed to pass the 'committee stage' on its way to approval for over the counter sale by the US Food and Drug Administration simply underscores the fact (p98). Wellcome's share price has yo-yoed since the news broke last weekend, and stock market analysts have had a field day.

Wellcome's US plan to have Zovirax tablets indicated for the OTC treatment of genital herpes has stuttered, and has called into question the Warner Wellcome joint venture launched last June, at least in the minds of the pundits. All Wellcome's UK press office will confirm is that, should Zovirax not be granted OTC status in America by the time the patent expires in 1997, then the 70/30 OTC profit split in favour of Wellcome will be renegotiated.

This latest episode in the global development of OTC medicines highlights the thoroughly modern nature of the Warner Wellcome marriage, and other joint ventures of similar ilk. They are marriages of convenience, not 'for better or for worse, in sickness or in health' love matches. If the market envisaged at set-up does not materialise because one partner fails to deliver, then the aggrieved party can bail out or alter the terms of the agreement. What is more, contingency plans for disaster and break-up are laid down and the dowry set before the 'plights are trothed'. And failure to consummate the marriage is always likely to be terminal.

The OTC market in the UK stands poised for the advent of Zantac, but until the Government de-lists more medicines from NHS prescription, or charges patients to cross the threshold of a GP surgery — whether or not they are exempt from prescription charges as 80 per cent of UK patients are at present — the market will be steady.

This week the Committee on Safety of Medicines added four more potential medicines to the POM to P switch list — since astemizole in 1983, 32 ingredients have been switched (*C&D Pharmacy Medicines* supplement December 17, 1994, p8). In 1993-94, when 14 of those ingredients bridged the gap, the market rose 16 per cent by value and 8 per cent by volume in the first year, with just 5 and 2 per cent increases, respectively, to November last year. Nicotine patches and Zovirax cream made all the difference to the 1993 figures and made a significant volume impact on the market for the first time in years.

The stage is set for OTC '95. Pharmacists are ready ...

RPSGB jumps on the stress bandwagon

The Royal Pharmaceutical Society is considering the launch of a stress counselling scheme for all pharmacists.

C&D understands that Council is to discuss what form this should take at its next meeting. Options under consideration include whether volunteer pharmacists with counselling skills will be brought in to man the operation or whether it will be contracted out to professional counsellors.

What it will be called — titles such as Listening Friends have been mooted — and how it will fit in with the National Pharmaceutical Association's proposed service (*C&D* November 12, p769) are still up for debate.

The idea behind the launch, says RPSGB director of legal services Sue Sharpe, is to offer all pharmacists a scheme specifically designed to deal with stress enquiries. "The indications are that pharmacy practice is becoming more stressful; the pressures of professional decision-making, dispensing and remuneration are all contributing to stress."

High- or medium-level stress enquiries are not currently being properly dealt with, says Mrs Sharpe. "The Sick Pharmacists' Scheme is more for those pharmacists who are unable to carry on working," she says.

"This is a service which we now recognise as being needed."

Fluconazole is one of four on POM to P approval list

The Committee on Safety of Medicines has approved four more POM medicines for deregulation: fluconazole for thrush; hydroxyzine hydrochloride for pruritus; pyrantel embonate for threadworm and ketoconazole for dermatitis of the scalp.

According to the Proprietary Association of Great Britain, these new OTC medicines are likely to be publicly available in the second half of 1995.

Fluconazole, currently available on prescription as Diflucan (Pfizer) will be available OTC for the treatment of vaginal candidiasis (thrush) in adults aged between 16 and 60 years. The following conditions apply to the OTC sale: the maximum dose is 150mg; the route of administration is oral; and the pack size is limited to 150mg.

Hydroxyzine hydrochloride, an anti-histamine, is currently available on prescription as Atarax (Pfizer). Its OTC indication will be the management of pruritus associated with acute or chronic urticaria, atopic dermatitis or contact dermatitis in people over six years of age. The following conditions will apply: the maximum dose is 25mg; the maximum daily dose is 75mg in adults and 50mg in children under 12 years of age; and the pack size is no more than 750mg.

Pyrantel embonate, also manufactured by Pfizer, is currently available as Combantrin. It will be available as an OTC presentation for the treatment of threadworm in adults and children over two years of age provided the maximum daily dose is a single dose of 750mg in adults, 500mg in children aged 6-12 years old and 250mg for 2-5-year-olds; pack size is again limited to 750mg.

Ketoconazole, an imidazole antifungal available on prescription as Nizoral (Janssen), will be the first antifungal to be made available OTC for the treatment of scalp problems, specifically dandruff and seborrhoeic dermatitis. It will be offered OTC on condition that: the maximum strength is 2 per cent; the formulation is a shampoo; the frequency of application is not more than once every three days; the pack size is not more than 120ml, containing no more than 2,400mg of ketoconazole.

The prescription brand Proctocream HC (Stafford-Miller) is being reclassified as a Pharmacy medicine. Proctocream HC is indicated for the treatment of haemmorrhoids and contains hydrocortisone acetate, which is already OTC in a different presentation.

The maximum daily dose of pseudoephedrine hydrochloride in OTC treatments is being increased from 180mg to 240mg.

Consultation letter MLX 215, which details the changes, has been sent out to interested parties who have until February 28 to comment.

The Medicines Control Agency plans to implement these changes by June 30, subject to comments received and the views of Government ministers.

'Healthcare starts here' leaflet

'Family healthcare begins at your local pharmacy' is a new Royal Pharmaceutical Society leaflet to encourage the public to make more use of their pharmacy.

The A4 publication outlines why pharmacies are the centre for prescription and OTC medicine advice and what additional services are on offer, such as screening, health advice and equipment for easier living.

The RPSGB will be targeting consumers directly with leaflets, but additional copies are available to members on request (limited to ten each) by sending a 29p SAE to the Society.

Berkshire goes bi-lingual

Four Berkshire pharmacists are trialling bi-lingual prescription labels in a pilot to improve ethnic minority groups' understanding of medicine instructions.

The Berkshire Family Health Services Authority has allocated £1,300 for printing and label purchasing and has translated six of the main doctor's instructions, such as 'take one at night', into Punjabi and Urdu. Labels will also carry the English equivalent and there are facilities to add Gujarati and Hindi if needed.

The four pharmacies involved, J R Butler, Reading and the Slough-based R P S Heer, Kamal Enterprises and Lloyds Chemists, were targeted either following an expressed wish to be included or due to the high concentration of ethnic minority groups in their areas.

The six-month pilot runs until the end of June and, pending a successful uptake and development fund financing, it is hoped to extend the service countywide.

The FHSA is also considering the use of pictograms as a means of reaching dyslexic consumers. Says Keith Willitt, Berkshire FHSA services development officer: "There's usually someone in the family that can understand the label, but we are trying to get the actual patient to understand."

"The problem is not just in Berkshire. It's wherever you get a large ethnic population."

- Berkshire FHSA received 214 complaints about its GP, pharmaceutical, dentist and optician services during 1993-94.

Every picture tells a story

Pictograms on prescription labels are particularly beneficial to the elderly, illiterate and non-English speakers, a trial by Suffolk Family Health Services Authority has revealed.

The FHSA conducted a four-week pilot study into the value of pictograms in labelling medication, using 26 pictograms developed by the drug information division of the United States Pharmacopoeia.

These illustrated dose, frequency and the time of day the medicine was to be taken and were used in conjunction with normal dispensing labels.

Maureen Mayes, Suffolk FHSA performance development manager, says: "Some pictograms were more problematic than others and there were problems with implementing [them]. The sticky-back labels were both time-consuming and difficult to use."

The trial has a lot of potential, but needs to be conducted on a larger scale with involvement from other FHSAs, concludes Ms Mayes.

Aston University has already shown interest in the scheme.

Durrington rurality review

Wiltshire Local Pharmaceutical Committee has applied to have the rurality status of the village of Durrington reviewed by its family health services authority.

The review of the controlled localities of the adjoining parishes of Durrington and Bulford was prompted by Sultan Dajani, pharmacy manager at Edwards Chemists in Durrington. Dispensing doctors in the village have opposed the pharmacy since its inception.

The doctors dispense for patients living outside the village and have arranged a collection and delivery service for other patients with the nearest Boots (*C&D* December 10, p924).

Mr Dajani hopes that, if the application is successful, the doctors will lose this right, and he believes there are strong grounds for designating the area as urban. "Durrington is the largest village in Europe," he says.

Secretary of the Rural Pharmacists Association Dennis Millington says a favourable ruling could place Durrington in a similar situation to pharmacists in Beverley, Humberside, where local GPs have obtained dispensing rights for patients living in rural areas outside the town.

PSNC looks at constitution

The Pharmaceutical Services Negotiating Committee is to consider amending its stance as representative, protector and servant of all NHS contractors.

A leaked document from the Committee's constitution working party recommends that Section (3) sub-section 3(2) be altered from its present wording, which states that one of the functions of the Committee is to "represent, protect and serve the interests of all NHS pharmacy contractors in England and Wales". The proposed re-wording reads: "to represent, protect and serve the interests of *the general body of pharmacy contractors* in England and Wales."

PSNC declined to comment, but said it would respond to the working party's recommendations next week. Tim Astill, the NPA's director, dismisses the change as insignificant. "I don't see anything sinister in this. This is simply an effort to mirror the wording used in the current NHS Pharmaceutical Services Regulations," comments Mr Astill.

However, in a letter to *C&D* this week, London contractor Ashwin Tanna (p97) questions the rationale behind the move and asks whether it is further evidence of conspiracy against small contractors.

Drugs budget revamp scuppers pharmacists

Radical changes to the way GPs' drugs budgets are fixed may well scupper many GP-pharmacist prescribing liaison schemes.

The changes, exact details of which were unavailable as *C&D* went to press, will mean that GPs' drugs budgets will now be based on the previous year's spend, plus a percentage increment.

The idea behind the revamp is to ensure a more equitable distribution of drug funds around the country, but some industry commentators feel the move effectively erodes any incentives for savings. According to South Thames Regional pharmaceutical adviser Robert Clayton, the initiative will "damage some of the very good liaison schemes which have been happening around the country".

However, pharmacists should not despair entirely, he says. Meeting generic prescribing targets — one of the factors influencing FHSA drugs budgets — and evaluating PACT data will still be areas for pharmacy input.

GPs will also be absolved from accounting for the cost of high tech treatments for conditions such as AIDS or cystic fibrosis. Funds will now be held in a central commissioning agency and paid to the hospital direct.

Pharmacy Week — *C&D* scheme soon

Community pharmacists have given an encouraging response to the Pharmacy Week campaign appeal for details of local initiatives and two-way anecdotal evidence of pharmacists advising customers on medicine taking and of helping with compliance.

Chemist & Druggist will shortly announce its own scheme to encourage and recognise the best community pharmacy supporter of Pharmacy Week.

Campaign organisers see the publicising of community pharmacist involvement in the local community to the consumer as a vital ingredient in reinforcing the campaign.

National Pharmaceutical Association information officer Hilary Rowe is co-ordinating consumer publicity (tel: 01727 858687).

- The NPA is advertising for up to six local service co-ordinators to bring together purchasers of pharmaceutical services and NPA members who wish to develop the practice of pharmacy into wider aspects of pharmaceutical care.

My plaice in Walthamstow

A Walthamstow pharmacist has taken up the lease of a neighbouring fishmongers in an attempt to keep customers in the High Street.

Paul Daines, manager of the Wood Street branch of National Co-op Chemists for the past 16 years, negotiated a new lease for the 100-year-old business after fishmonger Walter Purkis decided not to renew. He has renamed the premises Wood Street Fisheries.

Mr Daines says he took up the cause because shops and customers were increasingly being driven away from the High Street by parking restrictions and a new out of town Sainsbury store.

On a less altruistic note, the fishmongers should also attract healthy eaters and will bring more customers into the pharmacy. Given that GPs have applied for planning permission for a nearby surgery, the move also prevents another pharmacy setting up next door, says Mr Daines.

Two employees from the fishmongers will be retained, but Mr Daines, under the guidance of Mr Purkis, will do the buying and keep an eye on the shop.

"It will be hard to juggle the two [shops] for the first 4-6 months, but I think things will [sort themselves out] after that," says Mr Daines.

More publicity needed for needle exchange?

Doubts have been cast over drug addicts' awareness of needle exchange schemes operating through pharmacies in Britain, following a survey by Farnborough College of Technology in Hampshire.

The survey reveals that two items of medical waste, mainly used syringes and colostomy bags, are found per mile of British coastline.

"As a result of this survey it is clear that more people need to be aware of schemes offered, and pharmacists should receive more financial encouragement from the Government to run these services," says Colette McCreedy, the NPA's head of public relations.

Jeremy Clitherow, chairman of Liverpool Local Pharmaceutical Committee, which operates a successful syringe exchange scheme, points out that the Government's 'Health of the Nation' paper focuses on reducing syringe sharing, but makes no provision for the disposal of waste, which pharmacists have already considered in the form of a one for one swap of new for used syringes.

Pharmacy included in new Charter

The new and expanded Patient's Charter, published last Wednesday, highlights the obligations of pharmacists.

Patients are informed that when a particular medicine is out of stock, they can "expect" to be told when it will be available.

The Charter also reminds patients that in such circumstances, they can, if they prefer, take the prescription elsewhere.

Patients also have the right to have their prescriptions dealt with "promptly", be given an explanation for any delay and be told when scripts will be ready.

Pharmacies should display their hours of opening.

New ad rules for slimming and health

Tougher advertising curbs on a range of topics, including slimming, health and beauty, come into effect on February 1.

The Committee of Advertising Practice, which governs all advertising except that on TV and in the cinema, has updated its regulations to cover:

- health and beauty — advertisers should not offer therapies or medicines as an alternative to essential treatment for serious ailments, nor should they use celebrities to endorse medicines.

However, these amendments simply incorporate changes the Proprietary Association of Great Britain made to its code of practice last year.

- Slimming adverts should not be aimed at, or contain anything that will appeal to, anyone under 18.
- Claims made for vitamins, minerals and supplement advertisements should be backed with scientific evidence and ads should not imply that supplements will guard against deficiency, elevate mood or enhance performance.
- Hair and scalp products must back their claims with scientific evidence.

Heather Paine, spokeswoman for the Infant and Dietetic Foods Association, welcomes the rules, but points out that the controls are there already, but not enforced. "We would like to see these enforced a bit more," she says.

In the future, slimming products will be controlled by European regulations which are expected to come into force within two years.

Pharmacy Plus health centre under one roof

A new Bristol pharmacy will be offering its customers a range of healthcare services, including chiropody, smoking cessation and specialist services all under one roof.

Pharmacy Plus at Cannon Street, Bedminster, which will start trading on Monday, was set up by pharmacists Tariq Muhammad (proprietor), Joel Hirst and Hooman Ghalamkari.

They first came up with the idea when they were looking into group pharmacy practice and the future of community pharmacy, which they presented at the BPSA conference two years ago.

Mr Hirst says: "The future of pharmacy will depend on the profession's ability to evolve into a patient-centred service rather than a supplies base."

The pharmacy has a trading floor of 1,700sq ft with services that include drug information, a full-time NHS chiropodist, equipment for the housebound and disabled and training rooms for nursing home staff. There are plans to extend services to include domiciliary services, multidosage systems and rooms for self-help groups, but no plans to include an in-store GP.

Mr Ghalamkari will be in charge of practice research and developing audit processes, while Mr Hirst and Mr Muhammad will be involved in the day-to-day running of the pharmacy, focusing on service development management.

Mr Hirst says: "We are interested in looking at other sites that will be suitable for this approach, but we hope to inspire others."

Tribunal rejects methadone complaints case

A Glasgow industrial tribunal has ruled that a pharmacy assistant was not unfairly dismissed, after complaints from drug addicts.

The tribunal was also satisfied that serving drugs in the way described was not so totally different from normal counter duties as to impose a new term in the contract of employment.

Catherine McLaughlin, 57, of Bishopbriggs, was employed by D G Tarbet, of Glasgow, from 1972 until July 29, 1994, when she claims she was unfairly and constructively dismissed from her post.

During 1993, the chemist shop began to dispense and supervise the administration of methadone to drug addicts. Counter assistants were required to pour the methadone dose into a disposable plastic cup and, if necessary, supply water to be added to the cup by the addict. In June, 1994, pharmacy manager Gillian Tarbet also asked staff to rinse out the plastic cups after use, prior to disposal.

The tribunal noted that Mrs McLaughlin "had long resented having to serve drug addicts, who were occasionally abusive. She did not, however, complain to Miss Tarbet until she was required to rinse the plastic cups before disposal".

On July 28, during Miss Tarbet's absence, an incident took place which resulted in a complaint from addicts that they were not being supplied water by Mrs McLaughlin.

The following day Miss Tarbet questioned Mrs McLaughlin about the incident and when the manager refused to reveal who had informed on her, the assistant "lost her temper and said she was leaving".

Rejecting Mrs McLaughlin's submission, the tribunal found that she resigned of her own accord because she didn't like working with Miss Tarbet.

Miss Tarbet took over the running of the shop from her father in 1991 and from then, the relationship between the pharmacist and Mrs McLaughlin became "an unhappy one".

- Commenting on the industrial tribunal's ruling that a new term in the contract was not needed, NPA director Tim Astill notes that the decision reflects solely on the circumstances of this case and that it does not set a judicial or binding precedent.

MP proposes city heroin plan

Glasgow could be the first city in Scotland to prescribe heroin for addicts, if Labour MP William McKelvey's campaign for a new drug programme is successful.

Mr McKelvey, chairman of the Scottish Affairs Select Committee, believes pharmaceutical heroin should be made available to addicts through clinics and health centres. Although specially licensed doctors can prescribe heroin, this is the first time a city-wide policy of heroin prescribing has been mooted.

However, the Scottish Home and Health Department is concerned that such a move would encourage "the inherently dangerous practice of injecting"; in opposition to its policy of harm-reduction via needle exchange schemes and oral methadone maintenance.

Ian Sneddon, head of the Scottish Department's drug misuse branch, says: "We do not have a policy view on prescribing heroin in an oral form, but it would be a foolish person that says that will never happen."

Mr McKelvey, in an article in *The Independent on Sunday*, said he would encourage a Labour Government to approve the programme, although the Party has made it clear that this is not official Labour policy.

Such a plan would appear to bypass the input of community pharmacists. The National Pharmaceutical Association's head of PR, Colette McCreedy, says pharmacists are included in the distribution of methadone, "so this should be an extension of the service that they give".

In the past, Mr McKelvey has called for the legalisation of cannabis (*C&D* October 29, p715).

Zero discount

Fujisawa's Prograf capsules 1mg and 5mg and Prograf injection 4mg/ml have been zero discounted from January 1 on the Scottish Drug Tariff.

Animal wrongs

John Charles (Ian) Ball, of Ballygawley, Co Tyrone, was fined £100 plus costs of £5 following the sale of veterinary medicinal products not in accordance with a prescription.

Ethics and research

The College of Pharmacy Practice has published its second 'Ethics and Research: Research Ethics Committees' guide at £4.50 (£3 members) It covers issues on ethics in research. For details, telephone: 01203 692400.

Harrogate haven

The family health services appeals unit is to stay in Harrogate and all 28 staff are to transfer to the new Northern & Yorkshire Regional Health Authority which opens on April 1. Whether all staff will be retained is a decision for the RHA, says deputy director Keith Mills.

Primary care

The Centre for Primary Care Research at the University of Manchester has become the national co-ordinator for primary care research. Pharmacy projects will be among its first activities.

Antibiotic audit

Charing Cross and Hammersmith hospitals are reviewing their antibiotic prescribing policies to maximise potential financial savings and raise the quality of prescribing. The project has up to £24,500 of clinical audit funding.

North West RHA

North West Regional Health Authority hopes to employ 17 part-time pharmacy audit facilitators by the end of the year. The region is also to benefit from a £9.4 million grant for primary care development, under which nine primary care resource centres will established.

Topical REFLECTIONS

Cold comfort on the TV

A list of approved cough and cold remedies should be available through all pharmacies and GP surgeries, says clinical pharmacologist Dr Andrew Herxheimer.

Speaking on Channel 4's health magazine programme, 'The Pulse' last week, which queried the necessity of cold remedies, Dr Herxheimer expressed disapproval of some of the ingredients in cold therapies.

He also criticised the trend to multi-symptom cold products, with their 'blunderbuss' action which may encourage people to treat symptoms they do not have, in addition to those they do.

The 'selected list' of recommended remedies would also educate consumers about the desirability of each ingredient, with those failing to make the list being "got rid of", he said.

However, the Proprietary Association of Great Britain dismisses Dr Herxheimer's concerns. "It is important to weigh this [the value of some ingredients] against the weight of clinical studies which support their role in the symptomatic relief of these conditions," says the PAGB.

• King's College lecturer in community pharmacy Claire Anderson also featured in the programme giving her cold care recommendations: a simple analgesic and a topical decongestant.

This was seized upon by 'The Pulse' to validate its criticism of the price of cold care treatments. Daily dosing with an analgesic would cost a patient 10p, compared with up to £1.80 for a specific cold formulation.

Soya milks: no adverse effects found

The Government is to conduct research into phytoestrogens in soya-based infant formulae, following reports that they contain hormone levels equivalent to several oral contraceptives a day.

The Ministry of Agriculture, Fisheries and Food will fund three projects to examine the significance of these compounds in diet and soya-based formulae.

But it stresses that it has no evidence to suggest phytoestrogens in soya formulae are harmful.

The MAFF statement follows a New Zealand report, which notes ingested oestrogen from phytoestrogens contained in soya-based formulae may be equivalent to 8-12 contraceptive pills.

The Infant and Dietetic Foods Association says that it is unaware of any reputable studies suggesting phytoestrogens in soya milk have any adverse effect on baby's health.

Zantac OTC: cautious push for success

The stock market appears to view Glaxo obtaining an OTC licence for Zantac with much optimism (*C&D* January 4, p66). But by comparison with the hype that preceded the launch of both Pepcid AC and Tagamet, that for Zantac has been noticeable by its absence and, from the evidence of my sales of its competitors, that caution is well justified.

H2 inhibitors are powerful but effective drugs competing in a market with products which are viewed by most patients as little more than sweets. This attitude has been reinforced by manufacturers' present competitive emphasis on the palatability of their formulations. Is it any wonder that the consumer views askance a therapeutic group where the latest innovation is raspberry milkshake-flavoured magnesium hydroxide mixture?

They are also too efficient for their own good because, when the dire warning of 'use only for a maximum of two weeks' is added, patient resistance becomes inevitable. The bluntness of this time restriction is unreasonable and should be mellowed to allow proper consultation with a pharmacist or doctor. It is only then that their long duration of activity will allow their establishment within an OTC niche for which they are eminently suitable, but are presently excluded from.

It is into this difficult market that Zantac is being launched. I wish it well, but shareholders would be well advised to treat stock market enthusiasm with caution. With my help, Zantac's OTC success will eventually mirror its proud prescription record, but I suspect that a return will not be achieved in the short-term.

Information — a resource to preserve

The reduction in responsibilities of regional health authorities is having its repercussions in the loss of many professional personnel. And, as the regional pharmaceutical advisory service in Oxford has discovered, pharmacy is not immune (*C&D* January 4, p38). The closure is reported to have outraged the community pharmacists in Oxfordshire, but I am unsure whether a user rate of 30 calls in three months can really justify the continuation of such a service.

Pharmaceutical advice to health authorities and trusts is vital for the development of a service-based profession, but drug information may be obtained from many sources, including in-house computers, books, the NPA and RPSGB.

The present duplication of drug information services across regions must be accepted as being wasteful, but before they are all irrevocably destroyed, thought should be given to establishing a single national centre serving all contractor professions, including pharmacy. It is not the necessity for the service that is under question, but duplication within the system. With current information technology, access is not a problem. By concentrating resources, the best of all services could be economically provided.

Consequence of One Stop convenience

With the complete deregulation of shop trading hours, the convenience shop will soon become more common. This should have few pharmaceutical implications, other than the standard objections against the sales of medicines from non-pharmacy outlets, but a recent application for NHS contracts in Hampshire by One Stop Community Stores could have far-reaching implications.

I understand that One Stop initially anticipate purchasing NHS contracts and then applying for minor relocation. This is a common method of pharmacy acquisition, but the point of 'convenience stores' is that they operate in areas where they do not necessarily have to directly compete with established traders. This could involve both hours of opening and geographical location within difficult trading neighbourhoods. In this type of position, larger floor areas can often be leased at lower rentals. I can foresee future applications being made for new contracts providing 24-hour pharmaceutical service.

This would be an interesting development but, if my hypothesis has any substance, instead of being developed in isolation, thereby invoking local contract opposition, it should be promoted by co-operation between the LPC and FHSA. One major problem with the present regulations is that FHSAs are charged with planning pharmaceutical services but are precluded from this by regulations which leave all the initiatives in the hands of commercial entrepreneurs.

There cannot be many urban areas which do not lend themselves to the development of at least one convenience store and, with foresight, a vital contribution to pharmaceutical services could be made to work, without conflict with existing contractors.

Viraferon presented for hepatitis C

Schering-Plough has launched Viraferon (interferon alfa-2b {rbe}) which it has specifically presented for the treatment and support of patients with hepatitis B and C.

The recommended dosage for chronic hepatitis C is 3 million IU administered three times a week. Most patients who respond show improvement within three to four months and in those patients therapy should be continued with the same dosage for up to 18 months.

Viraferon is the first interferon licensed in the UK for the long-term treatment of hepatitis C. It is available in two strengths: 10 million IU/2ml (3 x 10m IU vials, £169.56) and 25 million IU/5ml (2 x 25m IU vials, £282.60).

The Viraferon patient support package includes a patient crisis card, sponsored by the company and produced in collaboration with the British Liver Trust. The card is intended to help patients and emergency services in the case of an accident and lists medical details, such as hepatitis type, blood group and treatment, as well as contact numbers.

The Viraferon pack also contains a reply-paid card which enables patients to obtain a regular supply of syringe-safe containers. Swabs, plasters, fixed needle syringes and injection techniques are also included in the treatment pack.

Schering-Plough is supporting a British Liver Trust telephone helpline which enables patients and their families to speak to a trained nurse. Details of the helpline can be found on the pack. **Schering-Plough Ltd. Tel: 01707 363636.**

Medical Matters

GPs score poorly in rhinitis management

New guidelines on the treatment of rhinitis have been introduced, amid revelations that some GPs have difficulty in diagnosing the condition.

A survey of 200 GPs shows only 18 per cent conducted any patient investigation (such as nasal examination, skin prick test and CT scans), 30 per cent were not alerted to the condition by complaints of an itchy nose and 56 per cent did not recognise itchy eyes as a symptom.

Doctors also scored poorly in their treatment of sufferers, with only 50 per cent having the correct approach, as outlined in the new guidelines.

For example, treatment of allergic rhinitis, which has increased four-fold in the past 20 years, should involve:

- drug treatment in conjunction with allergen avoidance
- use of antihistamines for mild symptoms
- regular cromoglycate for moderate symptoms in children under four
- local corticosteroids for adults and children aged over four, plus antihistamines if needed
- a short course of oral corticosteroids plus local corticosteroids for severe symptoms. Antihistamines and corticosteroid spray can be used long-term
- immunotherapy should be considered if there is no response
- in addition, short courses of intranasal decongestants can be used at the start of treatment for flying and at the 'thick' phase of upper respiratory tract infection.

The study also gives credence to the theory that there is a link between asthma and rhinitis. Over two-thirds of GPs noted that asthma patients have a higher incidence of rhinitis than others. Almost 50 per cent of GPs found that effective rhinitis treatment improved asthma symptoms.

- The handbook 'Rhinitis — Management Guidelines', can be obtained from Shire Hall Communications, 3 Olaf Street, London W11 4BE.

Cot death risk studied

Bottle feeding a baby is not a significant independent risk factor for sudden infant death syndrome, concludes a study in the *British Medical Journal*.

Previous studies of an association between methods of feeding and cot death have produced conflicting results, and most did not take social and cultural factors into account.

This study found that the risk of cot death was three times higher in bottle-fed than in breastfed babies. However, once factors such as maternal smoking and parental employment were taken into account there was no significant association.

Antibiotics in bronchitis

Antibiotic therapy for chronic bronchitis could be more focused than it is currently, if GPs heed the findings of a report in the *Quarterly Journal of Medicine*.

A UK study of 471 patients with acute infective exacerbations of chronic bronchitis (AECB) were assessed to see whether features of past history, the presenting symptoms or findings on examination were predictive of a failure to recover.

Patients were analysed at entry to the study and on returning to the GP, if this was within four weeks of initial treatment.

Although the authors expected that outlook could be determined by features of current AECB symptoms, only two factors were shown to be significantly predictive of a poor outcome:

- underlying or previous cardiac or pulmonary disease, such as hypertension or asthma
- three or more infections in the previous 12 months.

The authors advise tailoring antibiotic therapy to those who have either or both factors. One of the report's authors, Dr Peter Ball of Victoria Hospital, Kirkcaldy, speaking at a Bayer press briefing, believes patients fulfilling these two criteria should not be treated with amoxycillin.

"You should use better antibiotics which are effective against harder pathogens, such as the macrolides and quinolones," he says.

Manerix 300mg

Manerix (moclobemide) will be available in a 300mg strength from January 23 (30 tablets £15.75 basic NHS). **Roche Products. Tel: 01707 366000.**

Discontinuation

Parke-Davis has discontinued Chloromycetin capsules and suspension, and Choledyl tablets 100mg. Generic chloramphenicol capsules can be obtained from Sussex Pharmaceuticals (tel: 01324 311311). Patients on Chloromycetin suspension can be switched to capsules, if the dosage form and the dose is appropriate, or to chloramphenicol injection. Choledyl will remain available as a syrup. **Parke-Davis & Co Ltd. Tel: 01703 620500.**

Mefloquine first

Mefloquine (Lariam) is to replace chloroquine and proguanil as the first choice antimalarial for more than 60 countries, including most of Africa. The changes are to be published in detail next month in the *British Medical Journal*. Mefloquine, unlike chloroquine and proguanil, is a POM.

Proscar

The CSM has removed the 'black triangle' from Proscar (finasteride), lifting the special reporting status. **Merck Sharp & Dohme Ltd. Tel: 01992 467272.**

Depo-medrone

From mid-January the 6 × 3ml pack of Depo-medrone will change to 10 × 3ml (£70.45). **Upjohn Ltd. Tel: 01293 531133.**

Lioresal intrathecal

Ciba has extended its Lioresal (baclofen) range with intrathecal presentations in three strengths: 10mg/20ml (£50.50); 10mg/5ml (£50.50) and 50mcg/1ml (£2.27). **Ciba Pharmaceuticals. Tel: 01403 272827.**

New flavours

Two new flavours have been added to the Ensure Plus tetra pack range — coffee and blackcurrant. **Abbott Laboratories Ltd. Tel: 01795 580099.**

Clozaril side-effect

The Data Sheet of Clozaril (clozapine) has been amended to include an aditional side effect: 'on rare occasions, hyperglycaemia has been reported in patients on Clozaril treatment'. **Sandoz Pharmaceuticals (UK) Ltd. Tel: 01276 692255.**

Zeneca application

Zeneca has applied for approval for the use of Zestril (lisinopril) in patients who have suffered acute myocardial infarction. **Zeneca Pharmaceuticals. Tel: 01625 535999.**

YOU CAN'T RECOMMEND A BETTER WAY TO HANDLE ECZEMA

Hc45 is now available over the counter for mild to moderate eczema, which is good news for customers who suffer from this condition.

This pleasant non-greasy cream reduces the swelling and redness of irritated and itchy skin, soothes and calms the soreness while helping to heal.

Not only is Hc45 excellent in its own right, but it is supported by a complete range of proven emollients, including Cream E45 – and emollient therapy is the essential foundation of day-to-day eczema management.

The leading emollient for over 40 years, Cream E45 replaces lost moisture in the skin, lubricating and restoring the skin's flexibility. You should recommend it for daily management, in the dry stages of eczema – and also to help reduce associated itching and provide extra soothing relief during flare-ups, between the applications of Hc45.

Of course, when eczema is severe, you should still refer to a doctor. But otherwise you can confidently recommend the complementary eczema treatment only E45 and Hc45 provide.

PRODUCT INFORMATION: Hc45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** Hc45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.49. **Legal category:** P. **Product licence number:** PL 0327/0039. **Date of preparation:** December, 1994. **Cream E45:** White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubs containing 125g and also 500g. **RSP:** Tube 50g £1.70. Tub 125g £3.45. Tub 500g £8.10. **Legal category:** GSL. **Product licence number:** PL 0327/5904. Crookes Healthcare Ltd, Nottingham NG2 3AA. **Date of preparation:** July, 1994

CROOKES Healthcare

E45 DERMATOLOGICAL SKIN CARE

Counterpoints

Ribena targets adults with new Juice & Fibre

Ribena, the blackcurrant drink enjoyed by children for over 60 years, is turning its attention to the adults' drinks market.

Ribena Juice & Fibre, with its anti-cholesterol positioning, is targeting those adult consumers who like to follow a healthy lifestyle. Consumer marketing will highlight the need for fibre in healthy diets, while showing that it can help control cholesterol as part of a low-fat regime.

Research has shown that adults in the UK consume only 12g of fibre a day, when the recommended daily intake is 18g. As a 250ml serving of Ribena Juice & Fibre provides 3g of soluble fibre, SB is recommending two servings a day to make up the 6g difference.

There are two varieties — blackcurrant and orange & apricot — which come in 850ml (£1.69) and 250ml (£0.69) resealable Elopacks.

The launch is being supported by a £4 million campaign which includes TV advertising (the first burst is in April) and ads in the national press. These will concentrate on the educational message that soluble fibre can help control cholesterol levels.

SB is also planning 'National Heartbeat Week' in a link-up with the Family Heart Association. There will also be extensive sampling of the product including a door-drop to 4 million households. **Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

Efacal goes monthly

Efacal, the health supplement combining evening primrose oil, marine fish oil and calcium, is coming out in a 28 capsule pack (£4.75).

A promotional campaign for the supplement begins in April, while £1 million has been earmarked to promote both Efacal and Efamol this year.

Zyma, which took over the handling of Efamol brands 15 months ago, has increased distribution by 15 per cent. Around 3,500 independents and the major multiples now carry product. It is soon to enter Boots. **Zyma Healthcare. Tel: 01306 742800.**

Bug ban

Enlightened European Enterprises is introducing a new concept in natural insect repellents.

Ban the Bug is a dry plastic band which is impregnated with natural perfumes and oils.

It works for up to 60 hours, which equates to two to three weeks of holiday use. It is also suitable for use by children. It retails at £3.25. **Three 'Es Ltd. Tel: 0181 202 4437.**

Bottoms up to Hakle's five new variants

Hakle is introducing five new tissue variants in February that combine functional cleansing features with personal care lotions.

Classic Clean (70 tissues, rsp £1.95) replaces the classic range and Camille Mild (rsp £1.95) replaces the camomile range and contains soothing camomile extract.

The seaweed extract concinna hydrofluid is the main constituent of Fresh Ocean (rsp £1.95) and Sensitive Balance (rsp £2.25), with its 'protective' lipids, has been designed for sensitive skin.

Derma Cure (rsp £2.25) contains herbal extracts and vitamins to alleviate soreness and irritation.

All Hakle tissues are embossed, pH neutral, alcohol- and colorant-free and completely flushable and biodegradable.

The dispenser packs have been discontinued and new designs introduced. The packs are also pan-European with instructions in English, German and French.

Jeyes UK, distributor for Hakle, is kicking off the launch with an advertising campaign starting in March and is giving away 3 million reader samples.

In April/May, sample packs are being distributed to pharmacy wholesalers, and in early summer the sales force will target 1,000 independent pharmacies. **Jeyes UK Ltd. Tel: 01842 754567.**

Skin & blister

A blister kit of cushioned, self-adhesive skin protectors is the latest addition to Prosport range.

The Prosport Skin Protectors kit contains six patches. Presented in a plastic wallet, each pack has an rrp of £3.25.**Seton Healthcare Group plc. Tel: 0161 652 2222.**

Spray it again

A Throat Spray is the latest innovation from Comvita's New Zealand Propolis products.

The spray incorporates propolis tincture to provide protection against the germs and viruses that cause sore throats. It can be used as a breath freshener too and retails at £5.99 for 30ml.

This introduction coincides with the launch of Propolis Standardised Tincture (20ml, £4.94) which the company recommends for the treatment of inflammatory conditions.

Comvita is also launching soft gel capsules which contain 500mg of pure New Zealand propolis. A pack of 50 retails at £7.99.

Comvita claims Propolis (produced by the honey bee) is an important natural antibiotic.**New Zealand Natural Food Co. Tel: 0181 961 4410.**

New from NUK

NUK has recently introduced a new cross-cut hole teat, which is designed for thicker feeds. It is available in a size three, which is a larger teat for ages 18 months to three years.

The company has also added a size three soother. All soothers are available in packs of two (£1.99). **Quest Consumer Products Ltd. Tel: 0181 531 7241.**

Chewing over vitamins

Healthcrafts has launched a new Chewable Multivitamin supplement.

Available in a raspberry flavour, the one a day tablets contain 12 nutrients, each giving 100 per cent EC RDA of the vitamins A, D, E, C, Thiamin, Riboflavin, Niacin, vitamin B6, Folacin, vitamin B12, Biotin and Pantothenic acid. A pack of 30 retails at £2.59. **Ferrosan Healthcare Ltd. Tel: 01932 336366.**

Deep Relief on the air

Following the recent introduction of Deep Relief Ibuprofen Gel from Mentholatum, the first TV campaign is breaking across the UK.

The new commercial features a statue brought to life to promote the pain-relieving properties of the formula, together with the sensation of menthol which can be felt the moment it is applied, the company claims. **The Jenks Group. Tel: 01494 442446.**

Simply best

New 150g and 300g Packs

Isogel is purely and simply the most economical fibre bowel regulator your customers can buy. And now, there's added flexibility. The new convenient standard pack is 150g with improved margins for you. There is also a new 300g pack which provides bulk-value for GP prescriptions and your most regular Isogel users! All in all, Isogel makes great sense for you and your customers - check your stocks today.

Purely. Simply. Economically.

CHC

Further information is available from Charwell Health Care, Charwell House, Wilsom Road, Alton, Hants GU34 2TJ

Colgate glides into hair removal

Colgate-Palmolive is taking a Soft & Gentle approach to the female hair removal market with the introduction of moisturising Shave Gel.

Catering for the 10 million women who, according to Colgate, wet shave, it is enriched with aloe vera and lathers into a rich foam which helps to give a nick-free shave.

The coloured gel is available in two fragrances, after hours and coral (the two most popular variants in the Soft & Gentle anti-perspirant line). It retails at £2.25 for 125ml.

The launch will be supported by a spring and summer press campaign, as well as a PR programme. The shave gel will also benefit from the knock-on effect of a spring TV advertising campaign for the Soft & Gentle anti-perspirant deodorant range. **Colgate-Palmolive Ltd. Tel: 01483 302222.**

Romantic Wild Musk

Beauty International's Wild Musk is running a joint promotion with Mills & Boon offering a free copy of *The Mercenary* with each Wild Musk purchase.

The promotion applies to 15ml bottles of eau de toilette spray, which retail at £5.95. With every 12 bottles of spray stocked, retailers receive a dozen copies of the novel, plus a display merchandiser.

The novel has been created exclusively for the promotion and is the latest title in the publisher's Temptation series. **Beauty International Ltd. Tel: 01734 302302.**

Nautica sets sail

Nautica is the name of a new men's fragrance due to launch this May.

Inspired by the Nautica Clothing Company and fashion collection, the fragrance is described as fresh and clean with "the crispness of an ocean breeze".

The fragrance itself has top notes of sea accord, bergamot, clary sage and lemon, with heart notes of rose, ylang ylang, jasmine and thyme.

Five products will be available at launch: cologne spray (100ml, £28 and 50ml, £20); cologne splash (100ml, £24); after shave (100ml, £19.50); after shave balm (100ml, £17); antiperspirant (60g, £8) and daily moisturiser (150ml, £11). **Aspects of Beauty Company. Tel: 01273 400085.**

A little Extra Care

A £5 million TV advertising and promotional package will support the launch of Cussons' latest Imperial Leather extension.

Imperial Leather Extra Care contains one-quarter moisturising cream and is positioned as suitable for the whole family.

Packaged in white, with purple graphics added to the familiar Imperial Leather logo, the rrps are: single packs (100g) £0.79; twin pack (2 x 100g) £1.49; and trial size (40g) £0.29.

Counter display trays are available and hold 12 x 100g packs. **Cussons (UK) Ltd. Tel: 0161 792 6111.**

Ultraglow Cosmetics is introducing two new shades — red and ice blue — to its Ultraglow Magic Lips line, bringing the total number to eight (new rrp £3.25). A new merchandiser has been designed to hold six of each shade (plus tester). The new colours and POS unit will be available from February. Ultraglow Cosmetics Ltd. Tel: 01206 576611

Vanilla nice

In February, Crabtree & Evelyn is launching a new Vanilla bath range.

The fragrance itself is a blend of vanilla with white florals, tuberose, jasmine, amber and musk. The range comprises: body lotion (250ml, £7.25), soap (£6.75 for three bars and £2.25 each) and bath and shower gel (250ml, £6.25).

• The scent of vanilla has recently been said "to evoke memories of the safe and unstressed times of childhood" by the Monell Chemical Senses Institute in the US. **Crabtree & Evelyn. Tel: 0171 603 1611.**

Mavala lines up

New from Mavala's Eye-Lite range is an eye liner. It complements the eye shadow crayons, mascara and kohl pencils which make up the rest of the range.

The new eye liners are available in four shades (classic black, chic brown, subtle blue and pearlised grey) and retail at £7.50. **Mavala (UK) Ltd. Tel: 01732 459412.**

Bach on the Tube

A new advertising campaign for Bach Rescue Remedy has started on the London Underground.

The bright yellow ads will be displayed in every tube train — a total of 4,000 adverts.

Full-page and half-page advertisements are also appearing in the women's press. These are featuring in the January, February and March issues. **Bach Flower Remedies. Tel: 0800 550086.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Andrews Antacid:	All areas
Askit Capsules:	STV, GTV & C4
Benylin Childrens/Coughs:	All areas
Benylin 4-Flu:	All areas
Colgate Bicarbonate of Soda:	All areas
Colgate Precision:	All areas
Deep Relief Gel:	C, HTV, W, CAR & C4
Dentu-creme:	All areas
Duracell:	All areas except U & GMTV
Halls Mentho-Lyptus:	All areas
Hedex Headcold:	All areas
Just for Men shampoo/gel:	All areas except CTV, LWT & GMTV
Lil-lets applicator:	All areas except B, CTV & GMTV
Meltus:	STV, G, Y, C & TT
Nicotinell:	All areas
Nurofen Cold & Flu:	All areas
Nytol:	All areas
Olbas Oil & Pastilles:	B, G, Y & TT
Oruvail Gel:	All areas except U, B, CTV & GMTV
Panadol Ultra:	All areas except U & CAR
Polygrip Ultra:	All areas
Predictor:	G, W & HTV
Remegel:	All areas
Sanatogen:	All areas except Y, CTV, W, CAR, TT, C4 & GMTV
Seabond denture fixative:	B, G, HTV & W
Sensodyne:	All areas except CTV, LWT & GMTV
Sinutab:	All areas
Slim Fast:	All areas
Strepsils:	All areas
Tixylix:	All areas

RELIEF THAT SPEAKS FOR ITSELF

‘Congratulations on a truly wonderful remedy. THANK YOU.’

Mrs M. Claire, Yorkshire

Quotation reprinted with customer’s written permission. Main photograph features a model at customer’s request.

We’re not blowing our own trumpet. Your customers are.

Mrs Claire is just one of a number of customers who have found Pepcid® AC such good news they’ve written unsolicited letters, to let us know the difference it has made to their lives.

Pepcid AC is good news for pharmacists too. Because one small, easy to swallow tablet combines unsurpassed acid control with the assurance of no clinically significant drug interactions.

Pepcid AC is the only recommendation you can offer your customers which delivers up to 9 hours acid control - from one small tablet[1]. No wonder it’s already a major sales success.

We want you to maximise your share in that success. That’s why we continue to provide extensive national TV support and eye-catching POS displays.

So next time you are asked to recommend an excess acid treatment, why not choose Pepcid AC.

Pepcid AC – your only recommendation for up to 9 hours acid control from one small tablet.

PCID AC (Abridged Product Information) Product Information - PCID AC: Film coated tablets containing famotidine 10mg. **Pack Size:** 6, 12. **Dosage:** Adults and children over 16 years: 1 tablet for nptomatic relief or 1 tablet taken one hour before food or drink known provoke symptoms. Maximum intake 2 tablets in 24 hours. Maximum riod of use 2 weeks. **Uses:** For the short term symptomatic relief of artburn, dyspepsia and hyperacidity. **Contraindications:** persensitivity to any component. **Warnings and Precautions for Use:** ould not be taken unless advised by a physician by the following ient groups: moderate renal failure or severe hepatic impairment; der medical supervision for any other illness or need for any other medications; middle aged or older with new or recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or difficulty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency ≥ 1%. Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg/day for over 1 year were well tolerated in patients with severe hypersecretory conditions. **Product Licence Number:** PL 0025/0312.

Product Licence Holder: Merck Sharp & Dohme Limited, Hertford Road Hoddesdon, Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.81, 6 tablets £2.15, 12 tablets £3.85. P Pharmacy only distribution. Distributed by: **CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. References:**

1. J. Clin Pharmacol 1993(33): 838-839.

CENTRA HEALTHCARE
A JOHNSON & JOHNSON - MSD CONSUMER PHARMACEUTICAL COMPANY

If you've already
your suntan
lotion let us rul

PRICES QUOTED ARE MANUFACTURERS' RECOMMENDED PRICES FOR 200ML SPF6 PACKS, SPF15 AND 400ML MALIBU AFTER SUN LOTION AS PUBLISHED IN 'CHEMIST & DRUGGIST' PRICE LIST JANUARY 1995. PRICES INDICATED CORRECT AT TIME OF GOING TO PI

(AFTER THE TOPLESS GIRLS, THE BOTTOM LINE.)

- 12 ***FREE*** AFTER SUN WITH THIS ORDER.
- £600,000 ADVERTISING.
- 3 STAR UVA (SUPERIOR) RATING ON ALL SPF LOTIONS.
- DOUBLE SIZE AFTER SUN CONTAINS ALOE VERA, ALLANTOIN AND PANTHENOL.
- NEW FOR 1995: SELF TANNING LOTION.

PREPACK REF PPS2U00

PRODUCT	SIZE	RRP	NCP	CONTENTS
SPF 2 OIL	200ML	£2 99	£1 65	6
SPF 2 LOTION	200ML	£2 99	£1 65	6
SPF 4 LOTION	200ML	£2 99	£1 65	6
SPF 6 LOTION	200ML	£2 99	£1 65	12
SPF 8 LOTION	200ML	£2 99	£1 65	12
SPF 15 LOTION	200ML	£3 49	£1 93	18
SPF 20 LOTION	200ML	£3 99	£2 21	12
SELF TANNING LOTION	125ML	£2 99	£1 65	6
AFTER SUN	400ML	£2 99	£1 65	18
AFTER SUN	400ML	£2 99	FREE	12
SHELF TALKER				2

RETAIL VALUE OF PREPACK	£343 92	PREPACKS REQUIRED
NET COST PRICE OF PREPACK	£170 16	
PROFIT	£121 94	
PROFIT ON RETURN	42%	

DELIVERY REQUIRED

WEEK 8	WEEK 12	WEEK 16	OTHER

PLEASE RETURN THIS COMPLETED FORM TO: DENMORE SERVICES UNIT 4, 226 CENTRE, PURLEY WAY, CROYDON CR0 4XG

CUSTOMER DETAILS

NAME

ADDRESS

POSTCODE

bought

t in.

A RECENT SURVEY HAS SHOWN THAT OVER 80% OF ALL SUNTAN LOTIONS BOUGHT LAST YEAR COST MORE THAN MALIBU.

YET ALL SUNTAN LOTIONS ARE DESIGNED TO PERFORM THE SAME FUNCTION. NAMELY TO PROTECT.

SO, ALL BRANDS WITH A FACTOR 6 ALLOW YOU TO STAY IN THE SUN 6 TIMES LONGER THAN YOU WOULD IF YOU WERE UNPROTECTED.

AS DOES MALIBU. THE THING IS, MALIBU COSTS JUST £2 99 PER 200ML BOTTLE.

OTHER FACTOR 15s ALLOW YOU TO STAY IN THE SUN 15 TIMES LONGER.

THE SAME GOES FOR MALIBU, BUT AGAIN MALIBU FACTOR 15 ONLY COSTS £3 49.

WE OFFER A FULL RANGE OF FACTORS FROM 2 TO 20. EACH IS WATER RESISTANT, EACH CONTAINS UVA AND UVB SUNSCREENS, EACH HAS VITAMIN E TO MOISTURISE YOUR SKIN.

EVEN OUR DOUBLE SIZE 400ML AFTER SUN LOTION WITH ITS SOOTHING ALOE VERA, STILL COSTS JUST £2 99.

SO DID YOU SPEND MORE ON YOUR SUNTAN LOTION LAST YEAR?

OH DEAR. WE HOPE WE HAVEN'T RUBBED YOU UP THE WRONG WAY.

Malibu™

It's Immense.
It's Imodium™.

(Loperamide)

Announcing a revolution in OTC anti-diarrhoeal sales. Imodium, the brand that you've already made number 1, is about to grow still further and expand the pharmacy market.

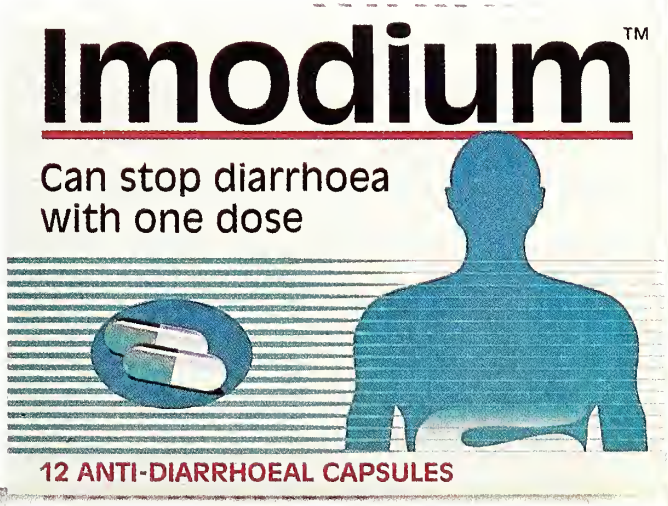
Imodium will be supported with an unprecedented £multi-million promotional programme throughout 1995 to drive new users into your pharmacy and build your anti-diarrhoeal business.

This support offers you:

- **National TV advertising.**
- **Striking new point of sale and display promotions.**
- **The best P.O.R. available.**

Imodium can stop acute diarrhoea with just one dose, a message your customers will get loud and clear. With our commitment to growth and your continued recommendation, your business is sure to expand.

Find out more about our plans for Imodium OTC by contacting your Centra Healthcare representative today or telephone 01494 450778.



Imodium OTC Essential Information
Presentation: Capsules containing loperamide hydrochloride 2mg. **Indications:** Treatment of acute diarrhoea. **Dosage and administration:** Adults and children over 12: Two capsules initially, then one capsule after every loose stool. **Maximum dose:** Eight capsules in 24 hours. **Contraindications:** Conditions in which inhibition of peristalsis is to be avoided, abdominal distension, colitis or as sole treatment in acute dysentery. **Precautions:** Imodium is for the symptomatic relief of diarrhoea only and is not a substitute for rehydration therapy. If symptoms persist for more than 24 hours, a doctor should be consulted. Loperamide should only be used during pregnancy or lactation on the advice of a doctor. **Side-effects:** Abdominal cramps, nausea, vomiting, drowsiness, dizziness, dry mouth and skin reactions. Price: 8 capsules: £3.25, 12 capsules: £4.70. **Legal category: P. PL:** 0242/0028. **PL holder:** Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon, OX12 0DQ.

TM denotes Trademark.

Pharmacy update

Cystic fibrosis
The future for this genetic condition looks promising i

Health promotion
Kick off the New Year with a new attitude — the NPA's Mary Allen shows you how iv

Research Digest
Do new antibiotics justify their high cost? vii

New hope for cystic fibrosis

Cystic fibrosis affects one in 2,000 people in the UK and, until recently, survival into the 30s was rare. But this situation is changing as Steve Chaplin MRPharmS explains

Cystic fibrosis (CF) is the commonest serious genetic disorder affecting Caucasians. The incidence of CF among Europeans is approximately one in 2,000.

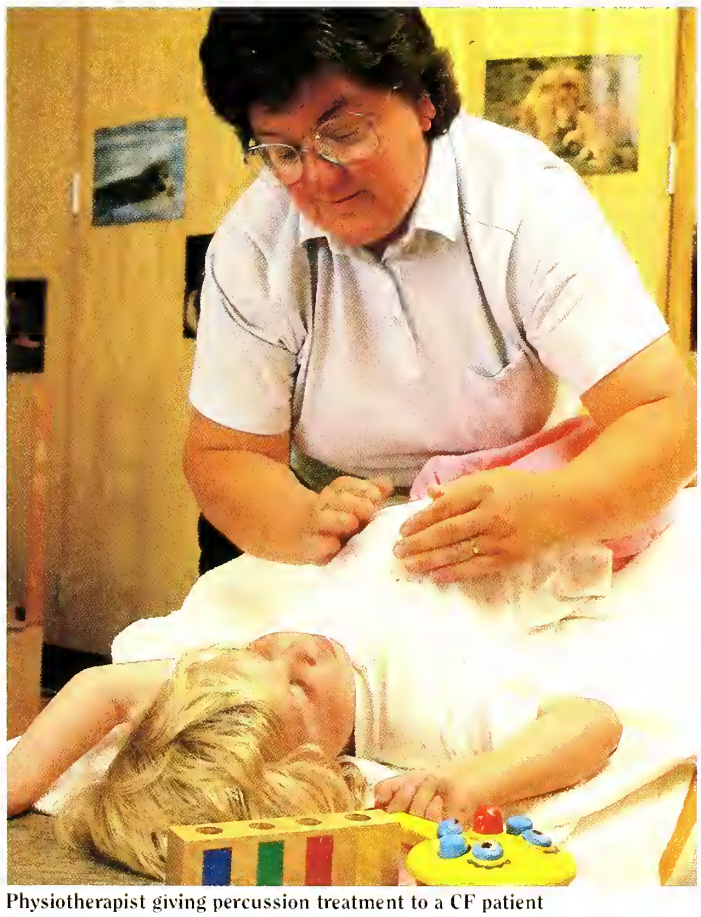
Life expectancy is improving. Fifty years ago, only 10 per cent of those affected were expected to survive for ten years; now the median life expectancy is 30 years and 20-30 per cent survive into their 40s. This is leading to a major change in the demographics of people with CF: children who would once have died before puberty are now surviving into adulthood and, in 1995, 50 per cent of people with CF will be adults. The number of people affected in the UK is increasing by about 130 annually and, by the turn of the century, there will be about 6,000 people in the UK with CF.

Genetic base

CF is due to a genetically determined defect in the chloride channel, which regulates the flow of chloride ions and osmotically-associated water across the cell membrane. This defect results in chronic lung disease, pancreatic insufficiency and other serious complications.

Genetic abnormality occurs in the cystic fibrosis transmembrane regulator (CFTR). More than 200 mutations in CFTR have been identified, some of which are very rare. This gene encodes a protein which regulates the passage of chloride ions across the cell membrane. An affected cell is able to absorb sodium ions and an osmotic equivalent of water but the excretion of chloride ions (and associated water) is impaired.

CF is an autosomal recessive disorder and couples who are both carriers of the commonest gene mutation, delta-F508, have a one in four chance of having an affected child; a single carrier couple have a low risk. At present, 80-90 per cent of carriers can be detected by screening but there are difficulties in implementing effective antenatal programmes.



Picture: Hattie Young/Science Photo Library

Physiotherapist giving percussion treatment to a CF patient

Pathophysiology

Characteristic changes affect many organ systems, though the impact of CF on the lung and gastrointestinal tract is most familiar.

Mucus and debris are cleared from bronchial epithelia by the movement of cilia in the underlying water layer. In CF, reduced cellular water and electrolyte secretion causes local dehydration and impairs ciliary activity; mucus becomes viscid. Protection against bacterial infection and colonisation is reduced and the lungs become colonised. This induces a host response involving antibody production, infiltration by pro-inflammatory cells and the release of cytokines.

In the chronic state, inflammation and obstruction become established and ultimately leads to damage and loss of lung tissue; this is associated with the formation of abscesses and fibrosis. Respiratory function is impaired due to small airways obstruction, and bronchiectasis, bronchiolitis and bronchitis eventually occur in all affected people.

Thickened secretions also block pancreatic ducts, resulting in dilatation and inflammatory changes. Glandular cells are replaced by fat and fibrous tissue. Pancreatic insufficiency results in low production of pancreatic enzymes, causing steatorrhoea and diarrhoea. Although 10-40 per cent of people with CF may have sufficient pancreatic function for normal digestion, in others malabsorption causes poor nutrition and failure to thrive. In later life, pancreatic failure results in diabetes mellitus.

Viscid mucus causes intestinal obstruction and, by contrast with healthy infants, affected babies do not pass meconium. Older people may be affected intermittently by abdominal pain, intestinal obstruction and intussusception ('meconium ileus equivalent').

Other important changes in CF include: fatty hepatic change associated with bile ducts blocked by viscid mucus; symptomatic hepatic disease occurs in about 2 per cent of children, cirrhosis occurs rarely. Pooling of bile acids can lead to cholesterol gallstones. Nasal polyps and sinusitis are common; men are infertile and women, though fertile, may suffer irreversible deterioration of lung function during pregnancy; abnormal sweat leads to inability to cope with heat; and one-fifth of people with CF experience rectal prolapse. Psychological morbidity is high.

Lung infection

Complications of lung disease are the major cause of death in people with CF and bacterial infection is believed to play a key role in initiating and maintaining the underlying inflammatory state.

The lower airways are colonised first by *Staphylococcus aureus*, *Streptococcus pneumoniae* and *Haemophilus influenzae*, and subsequently by the opportunist *Pseudomonas aeruginosa*. Once established, *P aeruginosa* undergoes genetic change, increasing production of an alginate biofilm to protect against host defence mechanisms. The organism persists within the respiratory tree and is impossible to

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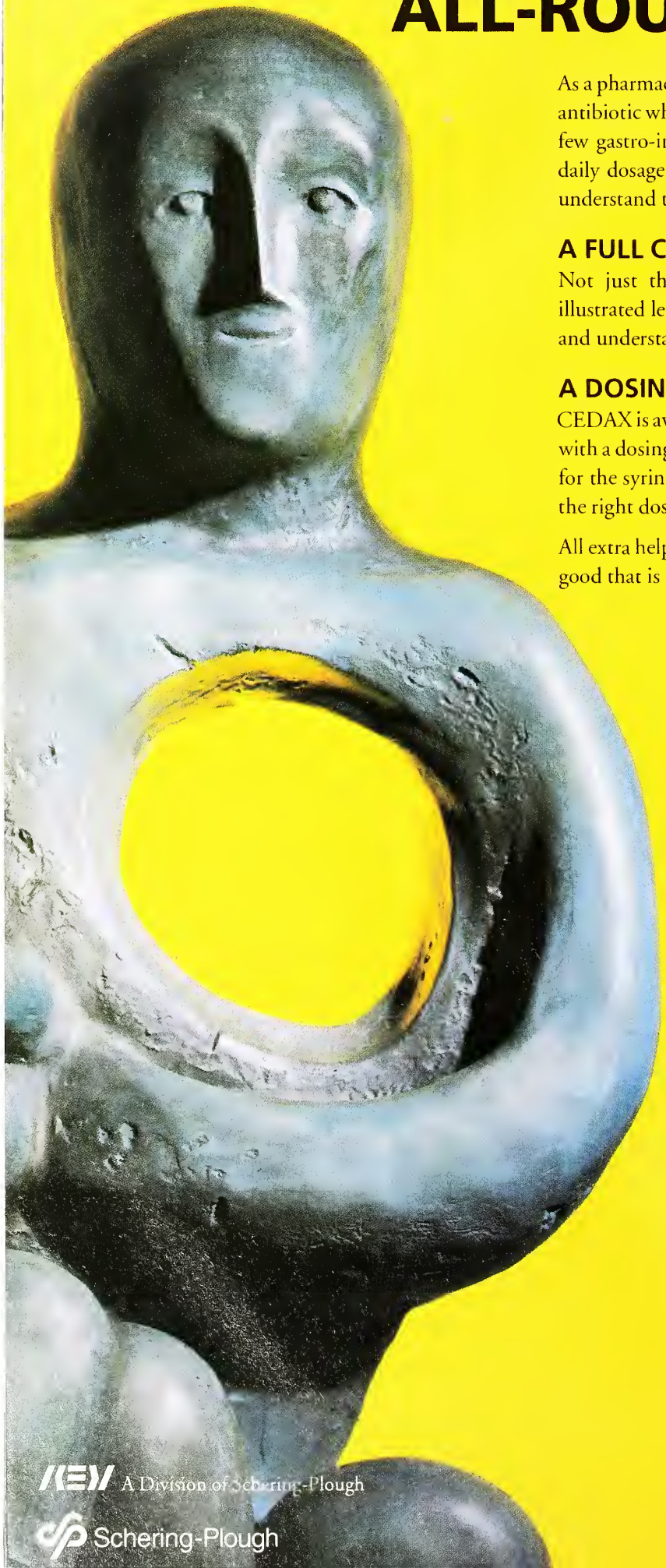
FOR A BETTER UNDERSTANDING ALL-ROUND



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CAPSULES AND SUSPENSION

Date of preparation: September 1994. Legal category: POM.

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Table 1: System involvement in cystic fibrosis

Organ system involved	% patients affected
Nasal polyps	6-20
Pansinusitis	90-100
Bronchiolitis/bronchitis/bronchiectasis	Eventually 100
Pancreatic insufficiency	85
Meconium ileus	10
Meconium ileus equivalent	10-30
Rectal prolapse	20
Pancreatitis	5
Cholethiliasis	12
Diabetes mellitus	15
Delayed puberty	85
Obstructive azoospermia in men	98
Thick cervical mucus in women	greater than 95
Chloride greater than 60mEq/L in sweat	98

Adapted from Fiel S B, Clinical management of pulmonary disease in cystic fibrosis, *Lancet* 1994,**341**;1070-1071

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eradicate because antibiotic penetration into CF sputum and across the biofilm is poor.

Recently, infection by *Pseudomonas cepacia* has emerged as a major problem: this organism is endemic in some centres, as it is transmitted by close contact, and infections are difficult to treat and are associated with rapid deterioration or death in previously stable patients. There is no effective treatment.

Other respiratory pathogens include viruses (which may predispose to or exacerbate bacterial colonisation); mycobacteria and chlamydiae. Ten to 15 per cent of patients also have allergic broncho-pulmonary aspergillosis.

Lung treatment

Improvements in survival are due largely to the aggressive treatment of respiratory infection with antibiotics. Prophylaxis with flucloxacillin protects against acute staphylococcal infection but prophylaxis does not prevent exacerbations of pseudomonal infection. However, early treatment when *P aeruginosa* is first isolated in children can delay the onset of colonisation by up to 18 months.

The standard regime is oral ciprofloxacin plus nebulised colistin, though strains of *P aeruginosa* resistant to ciprofloxacin emerge with repeated use.

Acute exacerbations impair lung function. They are routinely treated with intravenous antibiotics — typically the aminoglycosides and cephalosporins or antipseudomonal penicillins. This aggressive treatment can be administered at home or in hospital — a typical patient will receive three or four two-week courses each year.

- **Physiotherapy** Chest physiotherapy is, with antibiotic therapy, the mainstay of management. It enhances the removal of sputum by techniques such as postural drainage, percussion, forced expiration, cough and deep breathing.

There is some evidence that regular vigorous exercise reduces the frequency of acute exacerbations and improves subjective well-being but there is no consensus on whether it achieves a definite improvement in lung function or significantly reduces morbidity.

- **Inhaled bronchodilators and steroids** Airways obstruction may be partially reversible and either a beta-agonist or an anticholinergic bronchodilator (eg ipratropium) may improve lung function, though they are more effective in patients with wheeze. Inhaled steroids may also help.
- **Dornase** In chronic CF, large numbers of neutrophils occur in lung tissue. When these cells lyse, they release DNA into the environment and this increases sputum viscosity, making it more difficult to expectorate. The enzyme deoxyribonuclease (dornase, DNase) breaks up DNA in sputum, significantly reducing its viscosity.

Dornase alfa (Pulmozyme from Roche) is phosphorylated glycosylated recombinant human deoxyribonuclease (rhDNase); it is licensed for the treatment of adults and children over five years old, provided they do not have severely impaired lung function, and administered via a nebuliser once or twice daily.

In clinical trials, dornase has been shown to be well tolerated with no evidence of bronchospasm. Compared with standard treatment alone, it significantly improves lung function and subjective measures of cough and congestion. However, benefit declines within a few days of the withdrawal of treatment, dyspnoea is not significantly improved and improvement in quality of life is variable. Studies conducted so far have only evaluated treatment of six to ten days. Adverse effects listed by the manufacturer include laryngitis, pharyngitis, voice changes and rash.

The question of whether dornase might reduce the frequency of lung infections and increase survival is unanswered. Its long-term safety and value in patients with severe lung disease require further study.

- **Nutrition and pancreatic supplements** People with CF have increased calorie requirements due to malabsorption, faecal losses and increased energy expenditure. They require an unrestricted diet high in fat, protein and carbohydrate; and supplementation with vitamins A and E. However, many have a poor appetite and, if they fail to thrive, enteral or parenteral nutrition may be needed. Good nutrition reduces the rate of disease progression and there is a positive correlation between nutrition and survival.

Supplementation with pancreatic enzymes improves fat absorption and reduces abdominal distension and bowel frequency. These enzymes are formulated as modified-release microspheres which disintegrate in the high pH environment of the small intestine. When this is only partially effective, further protection from gastric acid may be achieved by administration of an H2-antagonist or omeprazole.

High doses of pancreatic enzymes are needed — up to six capsules four times a day — so the advent of high potency preparations was a helpful step forward. However, these formulations have been associated with colonic stricture in children which required surgery. These preparations are now restricted to patients who specifically need them.

Diabetes mellitus

Diabetes is becoming increasingly common as the duration of CF survival increases — in one centre, a quarter of adult patients are affected. Impaired glucose tolerance is associated with increased weight loss, worsening lung function and thicker sputum. By contrast with others with diabetes, all people with CF who are diabetic require insulin; there is no restriction on their calorie intake but meals should be timed carefully. Good glycaemic control improves overall status.

Gene therapy

Animal studies have demonstrated that it is possible to administer CFTR by inhalation and achieve take-up into the airway's epithelium. The correctly functioning gene can be delivered into the cell by a virus vector (eg adenovirus) or by incorporating it into a liposome. Clinical trials are planned to evaluate the safety and efficacy of these techniques but they are still remote from routine therapeutic use. Gene therapy is likely to prove expensive since treatment will have to be given for life to replace donor CFTR lost by normal cell turnover.

Transplantation

Heart-lung and double-lung transplants offer the best hope for a substantial improvement in prognosis, but the lack of donor organs is a major restriction. Patient selection is therefore rigorous — only those with severe respiratory impairment and a 50 per cent chance of dying within two years are considered.

A worldwide review of 200 patients has revealed an actuarial survival rate of 60 percent after three years — a mortality no different from that in other people. There has been no evidence of a return of CF lung disease but, as with other transplants, chronic graft rejection is a problem.

Amiloride

The diuretic amiloride has been shown to reduce sputum viscosity, improve clearance and reduce the rate of decline of lung function compared with placebo in people with CF.

Amiloride acts by inhibiting sodium absorption in pulmonary epithelium (as it does in renal epithelium) and may therefore at least partially restore normally viscous sputum. It has been suggested that early treatment of children with CF may delay or prevent the onset of lung disease. Clinical trials are on-going.

Table 2: Potential approaches to treatment of CF

Lesion	Standard and future therapy
Abnormal gene	Gene therapy, protein delivery
Epithelial defect/abnormal secretions	Chloride agonists, amiloride
Infection/mucopurulent secretions	Antibiotics (oral, aerosol, IV), DNase, antiproteases, anti-inflammatory drugs, passive immunotherapy
Airflow obstruction	Bronchodilators, DNase
Bronchiectasis	Chest physiotherapy, DNase
Respiratory failure	Lung transplantation

Adapted from Fiel S B, Clinical management of pulmonary disease in cystic fibrosis, *Lancet* 1993,**341**;1070-74

Recommended reading

Fiel S B, Clinical management of pulmonary disease in cystic fibrosis, *Lancet* 1993;**341**:1070-74

Koch C, Hoiby N, Pathogenesis of cystic fibrosis, *Lancet* 1993;**341**: 106S-9

Raeburn S, Screening for carriers of cystic fibrosis, *British Medical Journal* 1994;**308**.14S1-2

Ranasinha C et al, Efficacy and safety of short-term administration of aerosolised recombinant human DNase I in adults with stable stage cystic fibrosis, *Lancet* 1993;**342**: 199-202

Smyth R L et al, Strictures of ascending colon in cystic fibrosis and high-strength pancreatic enzymes, *Lancet* 1994;**343**:85-6

Walters S, Smith E G, Pseudomonas cepacia in cystic fibrosis: transmissibility and its implications, *Lancet* 1993;**342**:3-4

Webb A K, David T J, Clinical management of children and adults with cystic fibrosis, *British Medical Journal* 1994;**308**:459-62

Health promotion — pharmacy's special offer

Pharmacists are ideally placed to offer health promotion in the High Street. Mary Allen, professional and information services manager at the National Pharmaceutical Association, examines one of the ways in which they can extend their advisory role

Some pharmacists think 'health promotion' in community pharmacies means cholesterol testing and decide it's not for them. However, although the purists may have come up with precise definitions of the term, health promotion really means helping your healthy customers to say healthy and the less well to manage their conditions to the best advantage.

There are probably six million different ways to do this — someone once claimed this is the number of visits made to community pharmacies each day. Sometimes it will simply mean someone picking up a relevant leaflet, sometimes it will mean reminding a customer about the effects of the sun, or giving advice to a cougher about giving up smoking, or talking to a mother about head lice. It may or may not be linked to a sale.

The Government has started to recognise the contribution community pharmacy can make to the nation's health by expecting you to display health promotion leaflets in your pharmacy as one of the requirements of the NHS professional allowance. Pharmacy was mentioned in the White Paper 'The Health of the Nation' and, last year the Health Education Authority (HEA) funded a book, 'Health Promotion and the Community Pharmacist', produced jointly by the HEA and the National Pharmaceutical Association. So they must think pharmacists can do it!

What can I do?

First you should make sure your pharmacy is geared up to health promotion.

- Have you got an area to display leaflets and provide a quiet place to talk to your customers about health promotion and other issues?
- Do you have sweets anywhere in the pharmacy or have you decided to ditch them — or at least keep sugar-free ones?
- Have you declared your pharmacy a no-smoking zone?
- What about your window displays? Do you tend to go for the 'one of everything' approach or have you thought of using your windows to produce co-ordinated messages about health issues?

Concentrating on individual issues in a window display is more likely to promote business than a tired-looking, unfocused jumble, especially if your approach ties in with national or local campaigns.

- Do you get involved with local groups, such as women's clubs or parent associations, giving talks about health issues? This is a great way to market your services and there is plenty of help around — the NPA has prepared talk notes for its members on a variety of subjects and the Royal Pharmaceutical Society library has excellent slide-lectures and videos to help you. You can 'get 'em young' by giving talks in schools about all sorts of health issues from drug abuse to asthma management — do you know how many of your young patients actually know how to use an inhaler properly?
- Do you promote holiday health in your pharmacy? As well as selling sunscreens do your customers know that you can advise on malaria prevention if they are going to exotic places? Some airline magazines now promote Boots' malaria leaflets — can you believe it?

But it's up to you to decide whether you want to take the opportunities to promote good health, whether for the traveller or for the stay at home member of the public.

Let's look at some of the things you can do in a little more detail.

Consultation areas

There has been a major move towards the provision of special areas in pharmacies, providing space for pharmacists and customers to talk discreetly about matters relating to illness, medicines or health promotion advice.

This has demanded quite a mind-change for many pharmacists who feel the only profitable way to use space is to merchandise every square inch with saleable products. Although some sales may be lost, this may be offset by an overall increase in customer flow if the public knows you are there to provide the information they need.

The DoH recognises the value of having accessible health promotion centres on the High Street, ie pharmacies. It just isn't doing an awful lot to pay for this service at the moment. Maybe it will build on the money provided through the professional allowance for leaflet displays or 'nationalise' the good work undertaken in Merton, Wandsworth & Sutton, where the FHSA is funding consultation area installation in pharmacies.

Some pharmacies simply need 'upgrades' to their medicine counter areas to allow for counselling and leaflet display, and Ray Todd of NPA pharmacy planning is busy working with Merton, Wandsworth & Sutton FHSA to provide cost-effective ways of providing these upgrades as well as consultation areas. Other FHSAs are starting to follow suit. If yours isn't yet, then maybe you should be asking why!

Some advice about consultation areas is given in 'Health Promotion and the Community Pharmacist' sent free to all community pharmacists last April.

Displaying leaflets

Your NHS contract now requires you to display up to eight health promotion leaflets in order to qualify for the professional allowance. The DoH says it is up to the FHSA and LPC to agree on the number and whether titles

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Sources of funding

- FHSAs have funds for health promotion initiatives. In addition to the Barnet High Street Health Scheme, other FHSAs are funding health promotion projects. Somerset FHSA, in particular, is undertaking some work on pharmacist interventions to promote health, and Merton, Sutton & Wandsworth is funding consultation areas.
- Regional Health Authorities are also funding projects. Two NPA members in the north west have been running a health screening project. Find out about funds that are available through RHAs' public health departments.
- The DoH allocates a limited amount of money for health promotion projects involving community pharmacy and these funds are available through the Health Education Authority. Apply to the Pharmacy Advisory Group to the Health Education Authority. Funds are allocated in April each year.
- The NPA Health Education Foundation is a charitable foundation with limited funds available for promoting health education through community pharmacies. Applications should be made to the NPA.

Amazing ...but true

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PRESENTATION Sustained release capsules containing diltiazem hydrochloride. Each capsule is marked with the product name and strength. 120mg: natural transparent/pink transparent; 180mg: natural transparent/pink opaque. 240mg: natural transparent/scarlet opaque. **USES**: Mild to moderate hypertension. Angina pectoris. **DOSAGES: Adults:** Initially 240mg capsule once daily then 60mg to 120mg increments at 2-weekly intervals as necessary.Elderly and in hepatic or renal impairment: 120mg initially then 60mg increments at 2-weekly intervals as necessary. **Children:** Not recommended. **CONTRA-INDICATIONS, WARNINGS ETC. Contra-indications:** Pregnancy, women of childbearing potential, breast feeding, marked bradycardia, sick sinus syndrome, uncontrolled heart failure, second or third degree AV block, hypersensitivity to Slozem. **Warnings and Precautions:** Caution in reduced left ventricular function, mild bradycardia, prolonged PR interval, anaesthesia. **Interactions** Possible additive effect with drugs which induce bradycardia and antihypertensives. Possible hypotension with alpha blockers. Possible increased blood levels of carbamazepine, cyclosporin, theophylline and digoxin. Possible increased diltiazem blood levels with H2 receptor antagonists. **Adverse effects:** Ankle oedema, malaise, headache, hot flushes, gastro-intestinal disturbances and rashes. Very rarely severe skin reactions, symptomatic bradycardia, sino-atrial block, atrio-ventricular block, elevated liver transaminases, and clinical hepatitis. **LEGAL CATEGORY:** POM. **Basic NHS Cost:** 28 capsules of: 120mg - £7.00, 180mg - £9.24, 240mg - £9.80. **PRODUCT LICENCE NUMBERS AND HOLDER:**120mg: 03759/0043: 180mg: 03759/0044: 240mg: 03759/0045. Lipha Pharmaceuticals Ltd. Harrier House, High Street, West Drayton, Middlesex, UB7 7QG
Reference: 1. MIMS, November 1994. Further information is available from: Lipha Pharmaceuticals Limited, Harrier House, High Street, West Drayton, Middlesex UB7 7QG.
Date of preparation November 1994

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should be predetermined. Leaflet display provides a good opportunity for creating goodwill and establishing pharmacies as healthcare information centres.

You can, of course, display more than the prescribed number and you may wish to stock some leaflets away from a main stand and use these to give to relevant customers to augment verbal advice.

Which do I choose?

At the time when the leaflet requirement was introduced, the DoH gave little guidance about how best to ensure adequate distribution and use of leaflets, and this still seems to be a problem in some areas. The HEA, through its Pharmacy Advisory Group (see box), sent a document to FHSAs giving advice about the sources of leaflets, the importance of the Pharmacy Healthcare Scheme leaflets, the need to avoid 'commercial' leaflets with product bias, and the need to address the requirements of special groups.

The guidance recommends collaboration with local health promotion units to make sure that local issues are treated in a consistent way so that conflicting messages don't result. Where space is limited it is important to concentrate on leaflets which support the Health of the Nation key areas and the equivalents in Scotland and Wales.

The HEA/PAG guidance recommends that FHSAs include community pharmacists in local multi-disciplinary training on health issues and most importantly it suggests that materials (leaflets, stands, etc) should be at no cost to the pharmacies.

Your FHSA and Health Promotion Unit should have a copy of this guidance but you can obtain one from Mike Burden at the HEA or from the NPA information department.

You should always remember to keep your displays tidy and well stocked — there is nothing more off-putting than leaflets which droop over the sides of the stand, or which are dog-eared. Use your merchandising skills to maximise the impact of the leaflets — you don't have to keep them all in the same place. Keep leaflets about safer sex near the condoms, skin cancer near the sunscreens and so on.

Window displays

Pharmacy windows provide excellent space for health messages which can be linked in, in some cases, with products to support initiatives. By picking a theme, such as head lice or incontinence, for example, you can help to break the taboos around these subjects and encourage customers to come in and ask for help. You can display posters relating to the topics and if these aren't readily available you could always enlist the help of your local school and get pupils to compete for 'best posters'. Try to co-ordinate your displays with local or national campaigns and make sure you change them regularly so they don't look stale or outdated.

Health network

Get to know the other professionals in your area involved with health promotion so that initiatives can be used to best effect. Visit your local health promotion unit — these units seem to have a reputation of being close-knit and as centres for stockpiling leaflets which could and should enjoy wider access. Many health promotion officers feel this reputation is unfair, so give it a go!

Find out who is responsible for health promotion at your FHSA. Sometimes the pharmaceutical adviser has this as part of his remit, at least in relation to pharmacy, but most FHSAs now have a separate person to deal with health promotion across all primary care practitioners, and not all of them are aware of the contribution that pharmacies can make.

Talk to your local GP practice, especially the practice nurse, and find out also whether community nurses are dealing with health promotion concerns in the community — many of them are now handling issues like smoking cessation.

Every health authority has a dietitian — make sure that the dietary advice you give, whether general or specific (such as that given for cholesterol reduction), is consistent with theirs.

And remember that you can work with dentists to promote oral health by encouraging the use of fluoride toothpastes, supplements, good toothbrushing and the avoidance of dental caries by discouraging sweets and, where appropriate, using sugar-free medicines.

Think laterally

Think about the residents in the residential homes you serve. A recent letter in the journal *Occupational Safety and Health* flagged up the dangers of over-sedated patients in situations such as fires — it seems to me that the problem lies not with the possible difficulties with evacuation, etc, but rather that the patients shouldn't be over-sedated in the first place! It might be interesting to find out how many falls in older people were as a result of medication — whether it was inappropriate hypnotics and tranquillisers leaving people confused or drowsy, or from anti-hypertensives or diuretics causing postural hypotension.

Accident prevention is a key area of the Health of the Nation and there are bound to be some accidents that are drug-related and could be avoided, in addition to the accidental poisoning that can result from inadequate storage.

Counter assistants

Remember that very often the first person (and sometimes the only person) a customer sees when they visit your pharmacy is a counter assistant. Many health promotion interventions are opportunistic but the moment will be lost if your assistants aren't geared up to thinking of the opportunities.

Make sure assistants are aware of the possibilities and refer customers to you, or are trained to deal with the situations themselves and are able to think about linked sales, for example for holiday-makers. Hold brainstorming sessions with them to think about health advice, but don't encourage them to go as far as one waggish member of staff at the NPA who offered the linked sale scenario of a last-minute customer for a toothbrush, presenting an opportunity for the comment: "Hmm — away for the night are you? Do you need any condoms?"

NPA members can use the new range of practice information leaflets that they have been receiving over the last few months for health promotion initiatives. These leaflets are full of ideas on what to do, who to liaise with and where to get support materials. And 'Health Promotion and the Community Pharmacist' includes sections on seven topics to get you started.

From a distance

The CPPE has a distance learning package on health promotion as well as workshops, so look out for these.

Community pharmacists should take up the challenge offered by the Government's strategy for health and make good use of the wealth of materials to help them.

As Xrayser said in this publication, when the HEA/NPA book was launched last year, "This must be one of the most important compilations of health education information to have ever come the way of community pharmacists and ... can provide a self-financing programme of initiatives which will educate the public while improving our profitability ... My advice would be to throw away those sweets and concentrate on what we should be doing best!"

We agree, and we think that by becoming more involved in health promotion initiatives community pharmacists will find the way to integration into the primary healthcare team.

- Copies of 'Health Promotion and the Community Pharmacist' are available from the NPA for £5.99 to NPA members, or from the HEA (£7.99).
- Mary Allen is chairman of the Pharmacy Advisory Group to the Health Education Authority.

The Pharmacy Advisory Group to the HEA

The Pharmacy Advisory Group meets five times a year to discuss health promotion in pharmacy and to advise the HEA on pharmacy matters. The HEA is a Special Health Authority within the NHS which reports directly to the Department of Health. In recent times it has changed its role to one of commissioner of health education materials rather than that of provider.

The PAG exists to raise awareness of pharmacy within the HEA, and to find ways of promoting the role of pharmacists in health education.

- In the past the group has worked hard to get health promotion more recognised as part of the undergraduate curriculum and, more recently, as part of pharmacy postgraduate education. CPPE staff work with HEA staff and PAG members to produce workshop materials on health promotion issues.
- The DoH allocates funding for health promotion through pharmacies and makes this funding available via the HEA. This money funds most of the Pharmacy Health Care Scheme leaflets but there is a limited amount available each year for suitable health promotion projects in community pharmacy. The PAG considers applications for funding for projects and makes recommendations to the HEA about the best use of the funds. Current projects include an audit of the Barnet health promotion initiative.
- The group has also provided speakers and workshop sessions at a series of HEA-organised multi-disciplinary health promotion seminars around the country. Six of these have been held to date and the sessions on community pharmacy have been very well received.

You can find out more about the PAG by contacting Mike Burden, secretary to the group, and pharmacy adviser at the HEA, on 0171 413 1871.

The HEA Primary Care database

The Health Education Authority keeps a database of health promotion initiatives being undertaken in primary healthcare at its Oxford base.

If you are involved in any health promotion schemes, make sure that you give the details to the Oxford team. In this way you may be able to network with others involved in similar projects, and by letting non-pharmacists know about what you are up to you will be doing an excellent PR job for pharmacy!

Contact Susan Potter on 01865 226061 for details.

Success for NRT spray

The range of formulations for nicotine replacement therapy continues to expand with the recent evaluation of a nasal spray. The theoretical benefits of intranasal administration include very rapid absorption, giving a peak plasma nicotine level as quickly as that provided by a cigarette. Each spray delivers 0.5 mg nicotine; the recommended dose is two sprays, taken as required up to five times an hour or 40 times a day.

Nearly 250 people attending a smoking cessation clinic were randomised double-blind to placebo or active spray; all received group counselling. Self-reported abstinence was validated by monitoring the concentration of carbon monoxide in expired air. Subjects were instructed not to try each others' spray to avoid invalidating the study!

Subjects using the nicotine spray were significantly more successful in abstaining than placebo recipients. After six weeks, abstinence rates were 53 per cent and 27 per cent respectively; these fell steadily over the following 11 months to 27 and 15 per cent respectively. Success was significantly less likely in subjects with greater dependency.

Although withdrawal symptoms and craving were reported more frequently in placebo users, the difference, initially, was not significant. However, the active spray relieved the urge to smoke more quickly and was judged more satisfying. After two weeks, the active spray also reduced craving significantly more than placebo. Subjects gained an average of 5kg over the study period, with no difference between placebo and nicotine.

Picture courtesy: Pharmacia

Adverse effects included nasal and throat irritation; sneezing; watery eyes and runny nose; and cough. ENT examination in a sample of subjects found no evidence of local damage after 12 months. The spray therefore appears to be more or less as effective as the patch or gum when used as part of a formal programme.

All approximately double the chances of successfully quitting, though the overall success rate — around a quarter of smokers ultimately succeed — remains discouragingly low. Further work is needed to identify who might benefit most from particular formulations and whether combinations of products are more effective. *Archives of Internal Medicine* 1994;**154**:2567-72

Education and Parkinson's disease

Some of the long-term complications of Parkinson's disease cannot be overcome completely by manipulating drug treatment. Adverse reactions to levodopa, depression and immobility all contribute to a poor outlook for people with advanced disease.

In other chronic debilitating conditions, such as rheumatoid arthritis and asthma, education programmes and health promotion can achieve surprising improvements in well-being — so why not in Parkinson's disease too?

In the United States, Sandoz Pharmaceuticals offers its health promotion programme, PROPATH, free to patients prescribed bromocriptine or selegiline; and free for nine months to other people with Parkinson's disease. The programme involves a questionnaire mailed every few months to participants on which they record their health status.

The data they provide is processed by computer, generating a report summarising any change in their health and recommending appropriate exercises; specific ways to deal with their problems; and how to control adverse drug reactions. This is sent to the patient with educational material and pamphlets.

The patient's physician also receives the report, with suggestions about the cause of specific problems and how to address them — for example, the dose frequency of levodopa may need to be increased to minimise adverse effects.

This apparently impersonal approach works, according to a six-month comparison of 155 programme participants and 167 controls. With an average disease duration of six years, 86 per cent were taking levodopa, 26 per cent bromocriptine and 58 per cent selegiline. One-third reported problems with on-off phenomena and almost half said they experienced end-of-dose dyskinesias.

During the programme, participants achieved significant improvements in virtually all measures compared with a deterioration among controls. Adverse effects, the doses of bromocriptine and levodopa and overall symptom scores improved significantly and participants needed fewer medical consultations. They were also able to exercise more and disease progression was less than in controls. However, after six months there was more variability between patients and — although there was still a positive trend favouring PROPATH — much of the statistical significance was lost.

Nevertheless, quality of life assessments after six months revealed further benefits. Participants felt more able to control their symptoms; and better able to carry out everyday activities and manage problems directly related to

Parkinson's disease. There was also a trend for a corresponding reduction in stress among spouses.

This study shows that even an automatic mailing programme can achieve significant gains for people with a progressive debilitating condition. Overall, the improvement was put at about 10 per cent: modest but worthwhile, the authors say. The programme costs about $100 per patient and achieved estimated savings in medical resources of $570 over six months. *American Journal of Medicine* 1994;**97**:429-35

Can new antibiotics save money?

One of the arguments for prescribing newer, more expensive antibiotics is that treatment failure and repeat consultations due to resistance to cheaper agents, like ampicillin, actually increase costs overall. Better to give that expensive but more active drug in the first place and save time and distress, it is said.

This argument has been put to the test by a GP and microbiologists in Scotland. They reviewed all 1,140 patients who consulted the GP in the winter of 1989/90 with a probable acute respiratory infection. These patients accounted for 1,479 consultations — about 17 per cent of all acute problems during the season. Of the 280 patients who had repeat consultations, 227 did so within two months. Of these, half returned within two weeks and more than one-fifth had up to four consultations. Repeats were most frequent among children: 27 per cent aged up to nine returned, compared with 11 per cent of patients in their 20s.

Seventy per cent of patients were prescribed an antibiotic at the first consultation. Ampicillin, amoxycillin, co-amoxiclav and penicillin V were prescribed for half of patients; cephalosporins for 20 per cent; tetracyclines for 6 per cent; and erythromycin for 4 per cent. Ciprofloxacin was prescribed in 0.7 per cent of cases — including 5 per cent of chest infections even though it is not indicated as first-line treatment.

Of those who required a second consultation, 12 per cent did not receive treatment at either consultation; 28 per cent were prescribed an antibiotic only at the first appointment and 18 per cent only at the second; and 42 per cent received treatment on both occasions. Only nine repeat consultations could possibly be attributed to adverse reactions. The overall failure rate of antibiotic treatment at the first consultation was 18 per cent.

Incorporating the cost of drugs; GP's time; and costs to the patient (travel and prescription charges); the estimated cost per treatment failure ranges from £8.72 to £28.54. Calculations do not include allowances for patient's morbidity or time off work.

The extra cost of prescribing newer antibiotics for all patients to prevent treatment failure would need to be less than that of repeat consultations if additional expenditure is to be avoided. If it is assumed that a newer antibiotic is 100 per cent effective, it would be effective in an additional 18 per cent of patients compared with first-line treatments. The additional cost of the new antibiotic would therefore need to be no more than £1.54 to £5.14 per patient (cost of treatment failure x 0.18) to avoid increasing costs.

This is a broad approach to solving a thorny problem: the real costs of treatment failure are probably far higher if morbidity and lost productivity are included. Nonetheless, it suggests that the direct cost of using newer agents may be hard to justify on economic grounds alone. Other methods of reducing repeat consultations should therefore be investigated, the authors conclude. *British Journal of General Practice* 1994;**44**:509-13

Eradicating common childhood viruses through vaccination

Following the successful WHO programme to eradicate smallpox worldwide, there has been speculation that other viral infections could be similarly disposed of. Public health physicians in Finland are claiming to have done just that with a 12-year vaccination programme against measles, mumps and rubella.

The health burden of these common and usually minor infections was significant. Twenty to 30 per cent of military conscripts caught mumps, and meningitis and orchitis were common, 4 per cent developed impaired hearing which was permanent in five per 100,000 cases. There were also 40-50 cases of foetal rubella annually.

Although separate vaccines became available against each virus in the 1970s, a combined vaccine was not launched until 1982. Of the target population of 536,000 children, 86 per cent were vaccinated in 1982. A campaign to reach the remainder included publicity in the national and local press and personal letters and visits to parents. This increased the success rate to 97 per cent and recalcitrant parents continued to receive special attention.

By 1993, 1.5 million young adults and children — one-third of the Finnish population — had been vaccinated. Adverse events included febrile convulsions (seven per 100,000) and urticaria (0.6 per 100,000). Acute thrombocytopenic purpura developed in 3.3 children per 100,000; the cause was identified as an immunological reaction in one-third of cases. However, even severely allergic children were successfully vaccinated: 128 of 135 children who reacted to a skin prick test received the vaccine without problems.

One-year seroconversion rates were 99 per cent for measles, 100 per cent for rubella and 94 per cent for mumps. Protection against infection was near-complete: in a sample of 655 vaccinated children, measles was confirmed in 0.8 per cent, rubella in 1.2 per cent and mumps in 2 per cent.

Small outbreaks of measles or mumps also occurred in unvaccinated children and the index case was often found to be a child who had travelled abroad. However, no further cases of measles encephalitis were reported.

Careful planning, efficient organisation and effective primary healthcare provision were the reasons behind the success of the programme, the authors believe. But vaccination cannot be abandoned, despite such an achievement: imported viruses still cause a few dozen infections every year. *New England Journal of Medicine* 1994;**331**:1397-402

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Do GPs follow cardiovascular prescribing guidance?

Clinical pharmacologists in Newcastle have used GPs' VAMP computers to examine how drugs are prescribed for hypertension, angina and heart failure. Their findings suggest that expert guidelines are not being followed.

Data from 41 practices in the Northern Region covered 10 per cent of the region's population. Over 12 months, 4.3 per cent of residents (14,212 patients) were prescribed cardiovascular drugs: 1 per cent each received ACE inhibitors or calcium channel blockers and nitrates were prescribed for 2.3 per cent.

Of those prescribed an ACE inhibitor, 63 per cent took no other cardiovascular drugs and a further 28 per cent took a nitrate or a calcium channel blocker (or both). About half of those taking a nitrate or calcium channel blocker did so as monotherapy and a third took them in combination.

Prescribing was virtually exclusive to middle-aged people, peaking in 65-84-year-olds at 106 per 1,000 — or 10 per cent of patients. The frequency and age distribution of prescriptions for angina and hypertension were similar but prescribing for heart failure was much less frequent — with a peak rate of only about 40 patients per 1,000 — and declined less in older patients.

ACE inhibitors were largely prescribed for hypertension in younger patients but the proportion indicated for heart failure (alone or with hypertension) increased with age until they accounted for about half of prescriptions in this class for 75-84-year-olds.

Nitrates were seldom used to treat heart failure: their main indication was angina. Calcium channel blockers were prescribed more or less equally for hypertension or angina, or both.

There was considerable variability in prescribing rates between the practices. This was particularly true of ACE inhibitors, for which the highest prescribing practice issued three times as many prescriptions as the average.

On closer examination, it was clear that this variation did not occur in the management of heart failure but in treating hypertension and angina. The use of ACE inhibitors for hypertension varied six-fold; that of nitrates for angina varied three-fold; and for calcium channel blockers the figure was two- to three-fold for angina or hypertension.

This variability, the authors suggest, cannot be explained by differences in morbidity. They indicate that management guidelines, such as those of the British Hypertension Society, are probably not being followed by some GPs. The relative conformity of treatment for heart failure probably reflects the fact that much prescribing is initiated by hospital physicians. *British Journal of Clinical Pharmacology* 1994;**38**:489-97

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Presentation: Chewable orange flavoured off-white tablets, containing Mebendazole USP 100mg. **Uses:** For the treatment of Threadworm (Enterobiasis) infestation. **Dosage and Administration:** Adults & Children Over 2 years – Initial Dose: 1 tablet to be chewed, or swallowed with water. The initial dose to be followed by a second tablet 14 days later if reinfestation occurs. Not suitable for children under 2 years. **Contra-indications, Warnings etc: Contra-indications:** Mebendazole has not been studied extensively in children under two years of age – for this reason it is not currently recommended for children under two years of age. **Other undesirable effects:** Side-effects reported have been minor. Transient abdominal pain and diarrhoea have been reported only rarely in cases of massive infestation and expulsion of worms. (Slight headache and dizziness have been occasionally reported). **Use in Pregnancy and Lactation:** Since there is a risk that Mebendazole could produce foetal damage if taken during pregnancy, it is contra-indicated in pregnant women. No information on secretion into breast milk is available so mothers taking the drug should not breast feed. **Other Special Warnings and Precautions:** If after two weeks you need to take the second tablet, following which your symptoms persist, then consult your doctor. Overdosage: No cases of overdose have so far been reported with Mebendazole, but gastric lavage and/or supportive measures would be recommended. Symptoms of acute overdosage would be expected to include gastrointestinal disturbances, abdominal pain, headache, dizziness, pyrexia and convulsions. **Pharmaceutical Precautions:** Store at or below 25°C in a dry place. **Legal Status:** P. **Packs:** Blisters of 2 Tablets. **Price:** RSP £1.89. **Product Licence Number:** PL 0338/0084. **Product Licence Holder:** Cupal Ltd. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, England. Telephone (0161) 652 2222. **Date of Revision:** November 1994.

Take VAT!

The Value Added Tax department is more directly involved with a business than any other civil service office. The very foundation of the administration of collecting this tax is based upon visiting traders. Such visits are designed to ensure that the amount remitted, or reclaimed, is correct, and that traders are complying with the regulations. Brian T Corbould looks at the powers and workings of the Customs and Excise officers who administer VAT

Most traders take for granted that VAT officers have the power to visit them, and inspect their business records, by the authority vested in them by the 1983 Value Added Tax Act. However, there are other laws which may not be as apparent, ie the Customs and Excise Management Act.

Powers

Where an entity is registered for VAT, there is little an inspecting officer cannot see, provided it has a direct relevance to the business. However, there is no entitlement to inspect documentation which does not relate to the registered business. For example, a mortgage relating to a taxpayer's private capacity. Nor can he inspect advice given to a client.

There is an entitlement to see business profit and loss accounts and balance sheets, and any working papers created by the accountant. Moreover, there is an entitlement to inspect any document, ledger, or account relating to a business. Thus if a taxpayer keeps a bank account both for business and non- business, a trader would be obliged to produce it.

Commissioners requiring a person to produce such VAT information would specify the time and form they may 'reasonably require', usually at the principal place of business.

Customs and Excise does have the power to copy any document and remove books and records, but must give the trader a list of what it has taken, and is required to return them in a reasonable period.

Most people believe Customs officers (COs) have powers to do anything where a business is concerned, but this is not the case. For example, a CO is not allowed to search, unless he has a search warrant. Such warrants are not issued lightly, nor does Customs make a habit of acquiring such authority, indeed such measures are only taken and allowed where Customs can show — or has strong grounds for believing — that serious irregularities are taking place. On a visit, Customs usually only inspects. In normal circumstances, all that will be required of a taxpayer is the production of items requested by the officer.

In recent years, many businesses have gone into liquidation with large unpaid creditors. Invariably one is the VAT department. Customs can do little about such a loss, since although it may be at the front of the queue for payment, very often there is no money. But should a director of such a business start up another, Customs may well demand a cash deposit be paid to it to secure any potential loss should the new business fail.

Requirement

This power, known as a 'notice of requirement', enables Customs to secure the potential loss of revenue, not simply on new start-up businesses but also upon existing businesses, which are incipient insolvents and a revenue risk.

Traders who fail to comply with a notice of requirement will not be allowed to continue to trade. If a trader ignores that, a prosecution can follow.

Customs is sometimes persuaded to modify or even drop its demands for a requirement, if proper negotiations are entered into. A business receiving such a notice is advised to seek expert help immediately, since there is normally just 30 days to appeal.

Businesses advisers sometimes suggest that, for tax reasons, a business is split in two. If Customs believes the division is to avoid tax, it may issue a notice saying the separate parts will be regarded as one entity for VAT purposes. The only defence would be that the commissioners acted unreasonably.

If, even on written demand, a person neglects or refuses to pay tax which must paid under the VAT Act, the commissioners have the power to seize the goods and chattels of that person. Before such drastic action is taken, the commissioners usually send out warning notices.

Any belongings seized will be sold to satisfy the debt and the costs. Any money left will be returned to the taxpayer. Commissioners are only permitted to seize the assets of the business — rented machinery and goods on hire purchase cannot be removed.

If Customs attempts to take such items, it should be warned that the goods belong to a third party. If it takes the goods after a warning, the trader should notify the owner immediately, as compensation will be due if they are sold.

Customs and Excise has extraordinary powers, but rarely abuses them. If you do not understand what Customs officials are doing, or believe it is something they cannot do, never be afraid of discussing the point. If a satisfactory conclusion is not reached, the taxpayer should seek professional advice or take the matter up with a higher authority.

PRODUCT INFORMATION: Presentation: Gelatin capsules containing an oil containing as active ingredients; Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Pumilio Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months; carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Legal Category:** GSL. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2 3AA.

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If the price is right ...

After the product itself, price is the most important element in the marketing mix, suggests Hemant Patel

Why should we bother to price our products and services? What are the methods of pricing products and services? What is 'fairness'? Should pricing be seen as a tool to ensure continued service? Does pricing have an impact on quality, and if so, what impact?

Price, I believe, will soon be one of the most important influences on customer behaviour and choice of pharmacy. Should elements other than price become more important as pharmacies attempt to compete on the basis of professional advice, advertising and other factors like delivery service?

This may happen. But, for the present, many pharmacy owners seem to think price is, after the product, the most important element in the marketing mix. Many would argue that pharmacists have no control over choice of product and, therefore, price is the most important factor.

Price also has the most obvious and clear-cut effect on company profit and is therefore of central concern to all community pharmacists. In the new NHS, the link between pharmacy and pricing objectives is clearly becoming important.

Against this background, we must consider inputs to pricing decisions, including cost, demand, competition and health gain. Finally, I firmly believe that we must consider pricing policies and procedures for price changing.

Role of pricing

It is through pricing that a pharmacy covers the cost of its various activities: net ingredient, labour, administrative and re-investment costs. Last but not least, the price charged for a product is required to generate additional funds in excess of those costs to meet pharmacists' profit objectives.

It is assumed pharmacists have clear and realistic profit objectives and are aware of the profit contributions made by each of their activities on the counter and in the dispensary.

Pricing is a strategic decision. Many pharmacists believe pricing decisions are simple. For example, the cost-plus method: the cost of the product is known and to this is added a certain percentage to 'easily' calculate the selling price. This percentage can be changed to meet market conditions when the need arises.

But is this true? What happens when a need to dispense a proprietary at a generic price arises? What if mail order dispensing works out cheaper?

I strongly believe that these simple notions are based on major misconceptions about pricing due, mainly, to complete ignorance about principles of effective pharmacy management.

Under certain circumstances, and in the short-term only, pricing can be used tactically to promote a product or a service but, for the rest of the time, pricing should be considered a strategic issue. For this reason, profit objectives of each activity must be defined and EPoS can be a very effective information-gathering tool.

Extreme care should be taken not to make price the overriding competitive factor and appropriate strategies for competing should be sought. The competitive environment is important and should be taken into account, rather than pricing decisions being made based on a routine devised by an accountant, often for no other reason than simplicity of use.

This means that pricing decisions should be based on such issues as health gain and added value, as much as costs.

Economists have regarded the price variable as being the most important factor in determining the level of demand and tend to ignore the effects of advertising, product differentiation, selling efforts and informal arrangements.

The classic economist suggests that prices should be set at a level which maximises short-term profits. To maximise profit, the notion of marginal cost and marginal revenue should be considered.

- Marginal cost: the addition to total costs of doing one more prescription, etc.
- Marginal revenue: the addition to total revenue of selling one more prescription/product.

Profit is maximised when marginal revenue equals marginal cost. In pharmacy, product differentiation, when dispensing a private prescription, can be very difficult. An economist could advise price to be set so as to equate marginal cost with marginal revenue.

On examining audited accounts of the multiples and the drug industry it is clear they do not set their objectives in these terms, but in terms of a level of profitability, or return on investment (ROI).

This is where independent retailers differ from the rest. Independents are interested in the absolute level of profit earned, whereas providers of corporate investment capital in a company are more interested in the percentage return they receive on their investment.

The banks monitor changing ROI to determine level of risk, and falling ROI makes them more cautious in lending new monies or continuing with existing support. Goodwill values, in such circumstances, are also reduced.

The accountant's approach to profit is cost-plus. The major disadvantage of adding a set percentage to total cost is that sales opportunities may be lost as customers may not be willing to pay the full retail price. Lower volume means higher cost per unit.

Clearly, there are problems if we base pricing decisions on this method alone. However, its merit as an evaluative tool, providing accurate and relevant information on costs should not be lost, and should be routinely used to make informal decisions about price of service.

Ups and downs

As volume increases, unit costs obviously come down. (So what is the purpose and thinking behind a single-tier fee? And if the single-tier fee is to be introduced, why was the on-cost surrendered without first negotiating a mechanism to compensate for above-average cost items?)

The break-even point is normally represented as that level of output where the total income from sales matches exactly the total overhead costs. Break-even analysis can be used to compare the break-even points associated with different prices for a product.

The contribution (selling price-variable cost) may show that, in the short-term at least, it may pay a pharmacy to dispense at a price that is less than the full cost of providing the service.

It can be seen that break-even analysis and contributions are of greater value to price setting than is the simple approach of cost-plus. Study of these key concepts is necessary as some pharmacies with huge turnovers may seek to gain a larger market share and exploit this to 'kill off' the local competition.

It is clear that neither model is, in itself, a sufficient basis on which to determine prices. The pharmacist must take into account the economist's notion of demand, and the accountant's emphasis on costs, and incorporate them into the following pricing prescription:

- price of service should not exceed the value of its benefit to the buyer (upper limit demand)
- in the long run, the price should not fall below the net ingredient cost, plus cost of distribution (lower limit cost)

The cost between the two is the 'pricing discretion'.

In the NHS, with the Government acting as a monopoly buyer and a large number of service providers and little acknowledgement of quality service provided, it is no wonder that the gross percentage profit has declined from 24 to 16 per cent.

Fools' fuel

Many fools blindly base their private prescription charge on the NHS dispensing fee alone, without taking into account the contribution of the professional allowance or average national volume dispensed to the total dispensing fee. They add fuel to the fire and reduce the gross profitability of their business, and also make their competitors' life a hell.

Q. How would you price 30 tablets aspirin 75mg?

Q. How would you price six Imigran tablets?

Q. How would you price needle exchange taking three minutes each? Will it depend on the numbers exchanged?

Q. What is the gross remuneration required to be produced per minute to continue to provide the same standard of service with 2 per cent of gross income allowed for re-investment in training and premises?

No thought, no long-term profit!

On Anusol Plus HC and POM to P ...

I was disappointed to read Professor Li Wan Po's commments (*C&D* **Pharmacy Update** January 7) regarding Anusol Plus HC in which he stated: "There is ... little evidence to show that hydrocortisone improves the base products significantly in the treatment of haemorrhoids."

Studies have shown that Anusol with hydrocortisone effectively helps to control or prevent oedema and inflammation. In severe cases, use of Anusol with hydrocortisone produced local improvement which allowed patients to have their haemorrhoids operated on in more favourable circumstances[1]. This same study describes a patient who previously had too much oedema and inflammation to allow sigmoidoscopy, but following a week's treatment with a suppository containing Anusol with hydrocortisone, sigmoidoscopy was possible. The authors also comment that topical and rectal administration of corticosteroids can facilitate wound healing and this was borne out in their experience with treating haemorrhoidectomy patients.

In a study by Darke *et al*[2] using Anusol with hydrocortisone, 23 out of 26 patients with anorectal disorders were assessed as having an excellent or good response by the physician. Some 25 out of 28 patients experienced either complete or partial relief in symptoms. Skin excoriation decreased significantly.

Fuller *et al*[3] describes his personal experience with Anusol and Anusol with hydrocortisone. In his paper he describes how he uses Anusol routinely for various anorectal disorders, but uses Anusol with hydrocortisone when the condition is more severe. He states that intense pruritus, bleeding haemorrhoids and mucosal fissures respond more rapidly to the preparation containing hydrocortisone.

He summarises: "Anusol + H (hydrocortisone) is a real and useful addition to the therapeutic armamentarium against anorectal diseases."

We were also somewhat surprised that the article, generally, did not seem to support the POM to P switch process. Having been involved in the marketing of Zovirax and Beconase, we can confirm that access to a wider range of effective medicines is very well received by consumers. It also helps to enhance the position of the pharmacist in being able to provide advice when appropriate on a range of treatments available without the customer needing to present at the doctor's surgery.

I would hope that pharmacists will see the continued switch process as an opportunity to forge closer links with their customers and be positively associated with the unique vision of the pharmacist as the expert on healthcare in the High Street.

M Jones
Medical Information Manager
Medical Division, Warner Wellcome

References
1 Am J Proctol 1961;12:111.
2 Curr Ther Res 1981;30(6):880-5.
3 Med Klim 1961;14:148-9

Pharmacist Previne Mayor (right) of Mayor's Chemists Group, London, with Allergan's territory manager, Ray Cook, will be jetting off to the US after winning the Complete Getaway draw at last year's Chemex exhibition

Urgent help needed

I am writing to enlist the help of community pharmacists in the revision of the pharmacy unit in the Retail Level 2 NVQ (National Vocational Qualification).

There are two components to this unit. The first is the conventional NVQ component which relates to evidence of job performance, and second is evidence of underpinning knowledge. It is the latter with which the Royal Pharmaceutical Society is concerned.

As a result of the Society's requirements for protocols, the standards have had to be completely revised. This work is scheduled to be completed in January, and we urgently need practising community pharmacists to comment on the revised standards. Only when we are sure that the standards meet the needs of the job can they be passed on to the National Council for Vocational Qualifications for final approval.

Any community pharmacist interested in participating should contact the Distributive Occupational Standards Council, Bedford House, 69 Fulham High Street, London SW6 3JW (tel: 0171 371 7673).

Ailsa Benson
Head of training, National Pharmaceutical Association

PSNC not to represent 'all' contractors?

Last year in June, I wrote a letter to the secretary of the constitution working party of the Pharmaceutical Society Negotiating Committee, putting forward my views to the Committee.

One of the functions of the Committee under Section 3 sub-section 3(2) of the present constitution is: To represent, protect and serve the interests of all NHS pharmacy contractors in England and Wales as regards NHS contract matters.

It has been brought to my attention that the working party wants to amend the words 'all NHS' and insert 'the general body of'. Section 3 sub-section 3(2) will now read: To represent, protect and serve the interests of the general body of pharmacy contractors in England and Wales as regards NHS contract matters. If PSNC is contemplating such a fundamental change, what is the rationale behind it? Is PSNC going to consult LPCs or contractors before amending the constitution?

Ashwan Tanna
London SE22

Coming Events

Practice roadshow tours NI

Pharmacists in Northern Ireland will have a chance to attend the 'Developing your practice — audit and innovation' roadshow being organised by the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training.

The two-evening course (7.30 for 8pm) will be held on January 24/31 at the Newry Arts Centre, Newry; February 2/9 at the Royal Arms Hotel, Omagh; and February 7/14 at the Adair Arms Hotel, Ballymena. More dates are planned for the spring.

'Health promotion' (for pre-registration students) and 'First aid at work' workshops are also planned in January. A full programme of courses and workshops is available from NICPPET on 01232 523279.

Tuesday, January 24

West Metropolitan Branch, RPSGB, joint meeting with King's College Pharmacy Students' Association, at King's College, Manresa Road, London SW3, 6.45 for 7.30. 'Where are you going from here — your professional future' by Dr Alison Blenkinsopp, director Centre for Pharmacy Postgraduate Education.

Leicestershire Branch, RPSGB, at the PGMC, Leicester Royal Infirmary, 7.30 for 8pm. Panel of discussion on discharge planning.

Wednesday, January 25

Somerset Branch, RPSGB, 'Quiz Night' at the Naggs Head, Thornfalcon, Nr Taunton, 7.30pm.

Thursday, January 26

Stirling Branch, RPSGB, at the Park Hotel, Falkirk, 8pm (buffet). 'Communication skills' by Geraldine Strauss, Ciba-Geigy.

Friday, January 27

Slough Branch, RPSGB, 'Skittles evening' at The Jack O'Newbury, Binfield, 8pm.

Unichem opts for Marrakesh

The 1995 Unichem Convention has been switched from Perth in Australia to Marrakesh in Morocco and will be held between September 30 and October 7.

Unichem says the change is due to early planning problems, particularly involving flights.

The convention will now be held at the Palmeraie Golf Palace and will cost £795 per person for seven nights at half board (£195 single room supplement). The price includes flights, transfers in Morocco and a varied social programme.

There is also a chance to extend the trip with a choice of five week-long tours. Brochures are currently being mailed out to members. Further details from tour representatives Soler International, tel: 0181 818 0911.

Upswing predicted for retail chemists

Retail chemists have regained ground lost during the recession, according to a recent report.

Although almost half the 1,535 companies surveyed in the 'Plimsoll Portfolio Analysis: Retail Chemists, 1st edition 1995' are experiencing financial problems, the industry is now growing. Sales on average have increased 15 per cent, with the industry as a whole recording a pre-tax profit margin of 2 per cent.

Sales growth was variable, depending on the size of the company. Medium-sized businesses, with a turnover of between £2 million and £5m, achieved the best results, increasing sales by 20 per cent.

The smallest companies with a turnover of less than £2m fared the worst, recording just a 6 per cent increase, while the largest, with turnovers in excess of £15m, reported a 17 per cent rise.

Small businesses averaged a 2 per cent pre-tax profit margin, while the largest scored 4 per cent.

From an analysis of company accounts going back four years, Plimsoll classified businesses as being in 'strong', 'good', 'mediocre', 'caution' or 'danger' positions.

Thirteen companies that have been liquidated or gone into receivership in the past two years were all previously considered by Plimsoll to be in the 'caution' or 'danger' categories.

Sales growth, trading stability, profitability, working capital, gearing and immediate liquidity were all examined for the report. Thirty-seven per cent of companies were considered to be in 'good' or 'strong' financial health, an improvement on the previous 12 months by 6 per cent.

While low inflation is having a detrimental effect on trading, more companies are improving and consolidating their financial position.

Plimsoll has also produced a report on healthcare companies, showing that average sales have increased by 19 per cent.

The smallest businesses, with a turnover of less than £4m, fared the best, increasing sales by 21 per cent. The lowest growth was found in companies ranging in size from £10m-£42m. These only achieved 17 per cent growth.

Pre-tax profits for the industry improved, with a 5 per cent pre-tax profit margin, up 2 per cent on 12 months earlier.

'Plimsoll Portfolio Analysis: Retail Chemists 1st edition 1995' and 'Healthcare, 1st edition 1995' are available at £295 each (supplementary reports £195) from Plimsoll Publishing. Tel: 01642 230977.

Distribution of pretax profit margins for companies with a financial year end later than January 1, 1993

Pretax profit margin (%)	No of companies	% of total companies
Above 25	9	3
20 to 25	3	1
15 to 20	5	1
10 to 15	16	5
5 to 10	70	21
0 to 5	155	45
0 to -5	39	11
-5 to -10	17	5
-10 to -15	8	2
-15 to -20	6	2
-20 to -25	5	1
Below -25	8	2
Totals	**341**	**100**

Bayer spend up

Bayer will spend some $13 billion on research and capital investments in the next three years. It will consider acquisitions, particularly if it can strengthen its lead in certain market sectors.

Consumer changes

British consumers increasingly use discount and convenience stores and are buying more own-label products in brand loyal markets, according to the '1995 Retail Pocket Book', published by Nielsen. Tel: 01865 742742.

CBI property report

The Confederation of British Industry is launching a biannual property trends survey. The report will include results from all sectors and sizes of industry and will measure demand for the commercial property market.

Changes at P&G

Following Proctor & Gamble's acquisition of Giorgio Beverly Hills, the UK company has made Carol Davy, general manager of Giorgio Beverly Hills UK Retail Division, responsible for retailing the Eurocos portfolio of fragrances from this Spring. Jeremy Cage, marketing director, Eurocos UK, assumes immediate responsibility for the marketing of all Giorgio Beverly Hills brands, as well as the Eurocos brands.

Brecon expansion

Packaging company Brecon Pharmaceuticals is investing £1.2 million in three new industrial units at the Wye Valley Business Park, Hay-on-Wye. Due for completion in October, the 23,000sq ft units are a Development Board for Rural Wales project. Brecon plans to buy the units from the Board.

Zovirax setback in US prompts partnership rethink

The US joint venture between Wellcome and Warner-Lambert may be renegotiated after its initial failure to gain OTC approval for the anti-viral drug Zovirax from the US Food and Drug Administration.

The two parent companies plan to renegotiate the 70:30 OTC Zovirax profit split in favour of Warner-Lambert if the all-powerful FDA does not give OTC approval on appeal, ahead of the drug's patent expiry in 1997.

Wellcome are seeking an OTC licence for an oral form of Zovirax indicated for genital herpes. Since this is the first time a treatment for a sexually transmitted disease has been considered for OTC status, Wellcome says it is not suprised by the decision.

Wellcome's subsidiary in the US, Burroughs Wellcome, will fight the FDA's the decision and plans to re-open talks over extra data requested by the FDA's Non-prescription Drugs and Anti-viral Drugs Advisory Committees.

The two committees are concerned that over the counter availability of the drug would discourage patients from visiting a doctor, resulting in misdiagnosis. They also asked for further evidence to support Wellcome's claim that increased use of the drug would not lead to viral resistance.

Compiling extra data will take a while, and with the product's patent expiry date looming in 1997 there will be little time for the company to build up brand loyalty in the OTC market.

A company spokeswoman says: "We are disappointed, but it is a decision that was expected, given the recent spate of refusals by the FDA for OTC conversions. We are still confident that we will get the licence before 1997 when the patent runs out."

Despite the company's positive stance, analysts are pessimistic over the drug's chances of winning OTC approval. News of the committees' decision saw Wellcome's share price slump 14p to 665p. As *C&D* went to press, the shares stood at 663p.

If the FDA finally does approve OTC status for Zovirax, some industry experts predict sales of £500 million by the end of the decade. Sales of the prescription form were worth £194m for the six months to June, 1994.

Retailers in the dark on disability bill

Retailers may be hit with high compliance costs following the Government's launch of a disability Bill which will cover rights of access in shops.

A clause in the bill will direct 'service providers' to adapt their premises to accommodate wheelchairs and other aids.

Businesses are being kept in the dark about the cost of compliance. The Department of Social Security maintains the cost of adapting stores will be on a sliding scale. A spokesman says: "Small corner shops will not face the same costs as, for example, a big cinema complex."

The Bill will go to consultation to discuss costs. The DSS has hinted that shopkeepers will pay 10 per cent of the rateable value of their premises.

John D'Arcy at the NPA says: "The access clause has huge implications for pharmacies. We need much more information on how much the scheme will cost. Although a lot of pharmacies already have adequate access, those on very small sites will have practical difficulties."

Chains report solid results

Following strong sales increases at Boots, other retail pharmacy chains have also reported solid results for the six months to December.

Moss Chemists released like for like figures showing a 5.4 per cent increase in the six-month period, with a 5.1 per cent increase in the three months leading up to December. Chief executive Barry Andrews says retail sales for December were "fairly flat, but ahead of target".

Turnover at Lloyds Chemists was £550 million, up 19.6 per cent on the corresponding period for the six months ending December.

In the second quarter, sales grew 5.2 per cent in the chemists division, with no benefit this year from a flu epidemic. Prescription sales continued to grow, but at lower margins than last year.

The company's healthfood chain, Holland & Barrett, recorded a 19.9 per cent increase in overall sales in the three months to December, benefiting from the opening of 21 new shops.

The drugstore division produced negligible growth of 2.2 per cent, with the company attributing results to the competitive retail environment.

Sales in the pharmaceutical division, excluding intra-group transactions, increased by 46.7 per cent to £180m for the six-month period.

Sales volume remains low

Chemists reported the lowest 'below average' sales volumes in the CBI's latest Distributive Trades survey.

The survey shows a small decline in chemists' annual sales, which are expected to fall sharply in the year to January.

Retailers across the board expect sales to rise more slowly in the year to January, and sales for the time of year are expected to be below average.

Wholesalers' sales volumes were larger than expected and rose strongly in the year to December.

Numark tally reaches 756

In the run-up to the deadline for its share offer, Numark has recruited 756 pharmacists, 14 more than reported last week (see *C&D* January 14, p65).

Numark's managing director, Terry Norris, says the tally is "very encouraging". He is confident that the scheme will pass its target of 800 members by the end of the month. The new company plans to meet on February 1 to finalise legal details.

Green light for Zeneca's £12m facility

Zeneca Pharmaceuticals is investing £12 million in new manufacturing facilities for developing parenteral products and oral solutions.

Construction will start next month at the company's site in Macclesfield, Cheshire. After completion in 1997, the plant should help reduce development times, while maintaining the flow of new compounds.

Products will be developed from early compound solutions through to the final processes of manufacture. This will involve the production of materials for pre-clinical, stability and clinical evaluation to a level satisfying regulatory standards.

Franchise offers homes package

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Based on the experience of existing franchisees, participants can expect to make a projected £97,000 retained profit by the end of year one, rising to £427,000 by the end of year two, claims the company.

Participants enter into a ten-year contract with Community Careline, but bill the patient's sponsor, in most cases the local authority, for the agreed per visit payment and remuneration for any additional services rendered. The fee per visit averages out at £5.50, with local variations.

The company, which already boasts pharmacist franchisees, can be contacted on 0161 877 4477.

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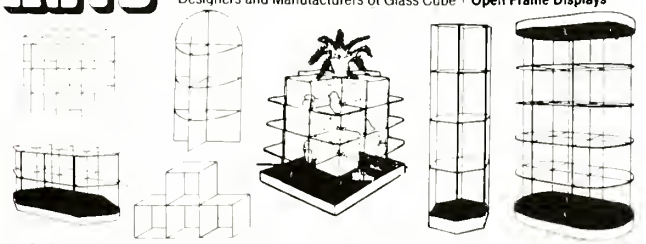

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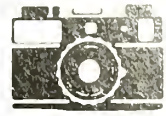

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About people

Shutter blues

When Hugh Moore approached his local council for permission to put up shutters for his pharmacy he did not envisage a saga that would span five months, cost thousands of pounds and end up with a ruling that he must paint the shutters blue.

Mr Moore is the non-pharmacist owner of the Triangle and Tilehurst pharmacies in Reading, and Cosnell Chemist, Slough. He believes he is being victimised by Reading Borough Council for protesting over the red tape.

At the centre of the dispute is the Triangle Pharmacy, which has been burgled four times over a period of 8-9 months leading to higher insurance payments and a £1,000 charge for every break-in.

When Mr Moore approached Reading council for permission to put up shutters, it asked for five formal written applications, a planning application fee and even samples of the metal to be used.

The shutters were finally installed at the end of December, but not before the council ruled they had to be painted blue, costing Mr Moore an extra £575.

Mr Moore, who serves on a planning committee in another county, is angry because Slough Borough Council had immediately given him permission to install shutters at Cosnell Chemist.

He says: "I am claiming compensation for the delay and for the manner in which the case was handled."

The 'friendly' staff are (left to right) Rachel Garman, Roger Whitworth, Wendy Gray, Michael Booth and Christine Edson

Pharmacy gets 'friendly'

Mainprize & Wood Pharmacy in Kirkgate, Otley, West Yorkshire, has just been voted the friendliest business in town, thanks to the dedication of pharmacist Roger Whitworth and his staff.

The annual Good Service Award, organised by the Otley Chamber of Commerce, asked the public to nominate their favourite shop or business on entry forms available from libraries, the civic centre and in their local paper.

Entries poured in between the summer and December, with Mainprize & Wood battling it out against over 40 other contenders to win the award. Mr Whitworth and his seven staff were officially presented with their trophy in early January.

Mr Whitworth, who owns the pharmacy and who has worked in the shop for the past 25 years, puts the success down to his staff being helpful and approachable and knowing the customers well.

He says: "I'm very pleased for the staff because they're the ones that greet the customers most of the time. It's also nice that the general public took the initiative to send in their entries."

Swansea fun runners with Dave Coffey (far left, kneeling)

Bosnian hospital aid appeal

An assistant branch manager at Swansea AAH Pharmaceuticals is appealing to pharmacists to help him raise funds to open an underground hospital in Bosnia.

Dave Coffey has been persuading his colleagues and suppliers to raise money or donate supplies for a war-torn hospital in Mostar. Doctors there have opened makeshift wards in a warehouse.

Mr Coffey plans to deliver the supplies himself in a Vantage van.

AAH's Swansea depot raised £2,000 from a sponsored run.

Anyone interested in helping the appeal should contact Mr Coffey on 01792 653271.

Twenty-four pharmacy assistants from Bolton have completed the MCA Part I course, thanks to funding from Bolton Family Health Services Authority and local pharmacy contractors. The assistants were joined at the presentation ceremony by David Lea (left), general manager of Bolton FHSA; Helen Allanson (second left), the course organiser; David Lee (second right), course tutor; and Mrs L Pickford (far right), chairman of Bolton FHSA. A second course, starting on January 30, is fully subscribed and another is planned for after Easter. Bolton FHSA is keen to support the courses, at least in part, for the immediate future, says David Lee

Appointments

Chris Robinson has been re-elected as chairman of NAHAT; **Professor Michael Schofield** will chair its new NHS Trust Council and **Angela Sealey** the Health Authority Council. **Simon Cussons** will be honourary treasurer of the Association.

AAH has appointed **Kimberley Reynolds** as sales representative covering the south-west division.

Alan Clark has accepted the chairmanship of the Wessex Pharmaceutical Group.

Stirling Murray has been made general manager of Bourjois UK.

Hugh Ferrier has been appointed chief operating officer for Omnicom Healthcare Worldwide's consumer division.

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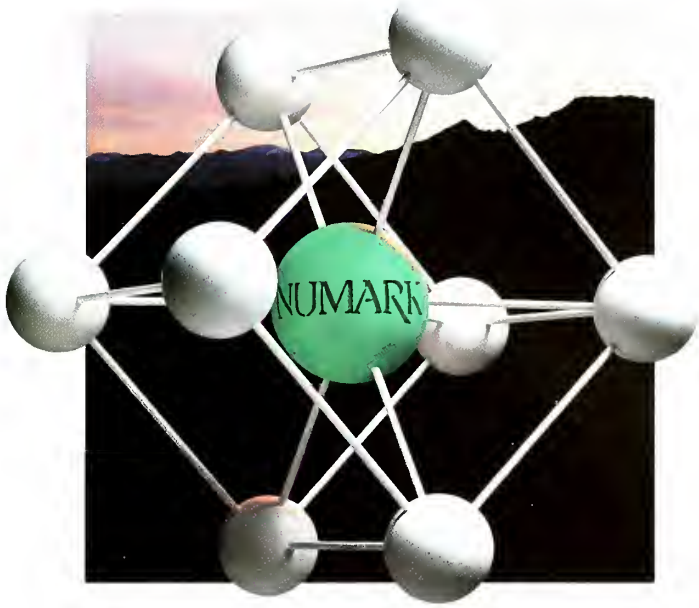

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